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# Engaging Influential Network Members in the Community to Advocate for Health and Aspirations of Unmarried Adolescent Girls in Kolkata, India

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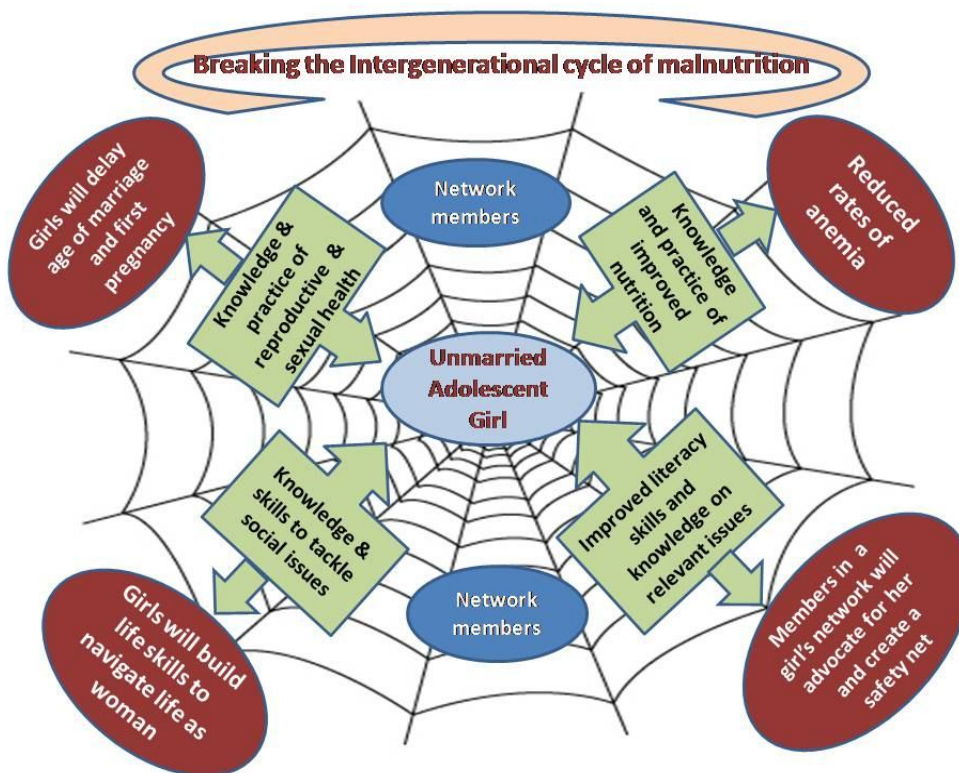
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## Engaging Influential Network Members in the Community to Advocate for Health & Aspirations of Unmarried Adolescent Girls in Kolkata, India



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## Executive Summary

Project ASHAYEIN (Advocacy for Supporting Health & Aspirations of Youth by Engaging their Influential Networks) - the acronym means "hopes and wishes" in Hindi - seeks to create a web of support to reduce the vulnerability of adolescent girls in an urban slum community in the Howrah area of West Bengal India and, in turn, help navigate their lives as the next generation of women in the community. The project is designed with a two-pronged approach, working both with unmarried adolescent girls and with groups of individuals which constitute their social networks. A needs analysis to inform the design of the project was conducted through individual interviews and group discussions using the principles of 'social network analysis' with 27 unmarried adolescent girls between the ages of 10-19 years.

The findings from the needs analysis has led to the development of a three-year pilot project which will be implemented by Calcutta Kids Trust - a non-profit organization in India. The project team will facilitate group discussions and training workshops with adolescent girls on the issues/topics of interest which have been identified by the girls through the needs analysis and which will be further elucidated through informal group meetings. Simultaneously, the project team will facilitate discussions through components of a literacy based education program (for both women and men) on similar issues with the network members identified by the girls who influence and often make the major decisions in their lives. Through these inputs, the project has larger goals to (a) delay the age of marriage and first pregnancy, (b) reduce the rates of anemia, (c) improve health and nutrition knowledge and practices and develop life skills among unmarried adolescent girls, and (d) build a support structure in the community to break the intergenerational cycle of malnutrition.

This paper is divided into three main sections. The first presents background and structure on the purpose of the needs analysis that was conducted and a brief project summary. This section also includes a literature review of studies which have examined the status of adolescent girls in India and which authenticate the need for projects such as the one emerging from the needs analysis. The second section provides an elaboration on the method, process, and context for the needs analysis and development of the project, including a section on my role and position as researcher, and the findings which emerge from the data

analysis. Section three presents the project proposal which has emerged from this needs analysis and which will be implemented by Calcutta Kids Trust.

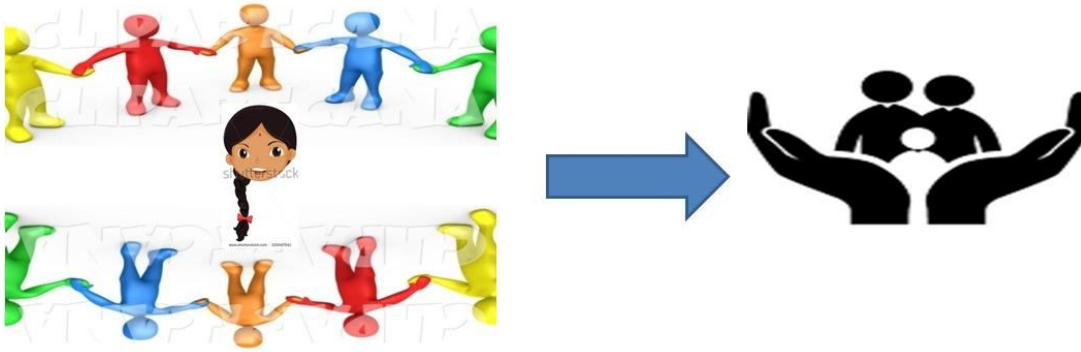
## **Section I: Background and Structure**

The purpose of the needs analysis was to inform the development of a three year pilot project for unmarried adolescent girls in an urban slum in India. The needs analysis was carried out during the summer of 2015 to: 1) corroborate the demand from the community to start a project for unmarried adolescent girls, and 2) assess the knowledge, skills, and attitudes of the girls on reproductive sexual health issues, nutrition, and aspirations for their life. The analysis has helped to identify the key individuals in a girl's life who influence and play an important role in determining her future. The findings from this analysis has led to the development of a project proposal called ASHAYEIN (Advocacy for Supporting Health & Aspirations of Youth by Engaging their Influential Networks) which will be implemented by Calcutta Kids Trust, a non-profit organization working on maternal and child health and nutrition for the past ten years in an urban slum in India.

As the Co-Director of Calcutta Kids Trust, I have used this needs analysis to develop a project which is evidence-based. The primary beneficiaries of the organization are pregnant women and other reproductive age mothers and their children up to the age of three years. The organization works to prevent malnutrition, a malady resulting in irreversible cognitive damage when it occurs during the first thousand days of life – from conception until the child's second birthday. The organization does this through behavioral change counseling and interventions promoting good health and nutrition practices for pregnant women and the mothers of young children.

The project ASHAYEIN will enhance this prevention strategy by seeking to break the intergenerational cycle of malnutrition and poor health of women and children, and by better preparing unmarried adolescent girls to become empowered mothers in the future. These ends will be facilitated by building a community support system designed to reduce the vulnerability of these girls in the society. Project ASHAYEIN will work with 50 adolescent girls and 150 community members to achieve the goals of the project. The Project Coordinator and Health Workers will conduct multiple training activities with both the girls and the members in their network every month to support the girls to navigate their lives as women in Indian society. The larger goals of ASHAYEIN are: 1) to delay the age of marriage

and age of first pregnancy; 2) reduce rates of anemia; 3) improve knowledge and practice of reproductive and sexual health and nutrition; 4) build life skills among adolescent girls to fulfill their aspirations; and 5) build a support network in the community to advocate for a safe and healthy future for women.



**Figure 1: Project Goal**

The paper examines the evidence revealing the interwoven complexities of cultural, social, and gender influences on the status of an adolescent girl's health and nutrition – and, in turn, on the health and nutritional wellbeing of her children. In this analysis, I use Harter's (2008) framework of the developing self to describe the adolescent period and the influence of various relationships and society on the girl's self image. I also use Bronfenbrenner's (2009) larger theoretical framework of human ecology throughout the paper to elucidate the impact and interactions among individuals and the role of various systems on the lives of these adolescent girls.

The remainder of this Background section presents the context of the study and a literature review. The second section presents the methodology for the needs assessment and its findings. The findings utilize narratives of different girls from the study to demonstrate key trends and themes from the data. The analysis also synthesizes the key issues and questions that plague the mind of an adolescent girl in the slum community, based on the findings. The last section of the paper elaborates the project ASHAYEIN that has been designed based on the findings from the needs analysis. This section includes the project goals and objectives as well as the activities designed to meet these objectives. It also briefly describes the monitoring and evaluation plan for ASHAYEIN and includes details on the institutional capability of Calcutta Kids Trust to implement the project. The work-plan and the logic model for the project have also been included in this capstone paper.

## **Review of evidence on the status of adolescents in India**

This section begins with a brief snapshot of the complexity of the problem for adolescent girls in India, followed by an analysis and description of the adolescent period, using the theoretical frameworks of Harter (2008), followed by a description of the role and interaction of family and society on an adolescent girl using Bronfenbrenner's (2009) human ecology systems theory. I also discuss the research and studies on the impact of these systems on adolescent girls in India. The review of the literature provides evidence not only on the importance of working with adolescent girls but also on the necessity of a community based approach to assure long term impact and influence on the lives of these girls. The section concludes with the outline of the steps moving forward based on the evidence and review of the literature.

### **Overview of the problem**

The term youth and adolescence is often used interchangeably across different countries. Both terms include the age group (10-19 years) that project ASHAYEIN is going to work with and hence I have used the terms based on the way it is used in the document or country I am referring to. According to the United Nations, adolescents are defined as individuals from ages 10 to 19 years of age. With an estimated population of 1.21 billion in India, youth (defined as individuals 10-24 years of age) account for almost forty percent of the population, and adolescent girls have become an important and large demographic group in particular need of protection (Census Report, 2011). The vulnerability of these girls can be seen in frightening statistics such as the estimated 2.2 million adolescents now living with HIV – of which 60 per cent are girls (UNICEF, 2012). Many of the overarching problems which plague India - the density and diversity of the population, overpopulation, the high prevalence of poverty, and the lack of quality and accessible government services in the country - play a role in understanding of the challenges adolescent girls face. They are a large and invisible population which has been systematically denied the advantages of autonomy, mobility, and economic opportunity enjoyed by most adolescent boys (Dasra Report, 2013).

### **Findings and Trend Analysis from the Literature**

#### ***The Adolescent Period***



The period of adolescence shows a dramatic developmental transition in terms of cognitive, social, and physical changes. In terms of cognitive changes, adolescents are able to think more abstractly, though their brains are still 'under construction' until young adulthood. Studies have shown that both brain volume and myelination (the process which helps nerve cells transfer information faster and perform complex brain functions) continue to increase during this period (Blakemore & Choudhury, 2006; Casey, Jones & Hare, 2008). This maturing process leads to some intensive structural changes and affects some of the most important mental functions, including the ability to make sound judgments, initiating appropriate behavior, planning ahead, self control, and empathizing with others (Giedd & Wallace, 2010). The content of their self-image includes interpersonal attributes and social skills which determine interactions with others. They focus on different competencies such as scholastic abilities and affects. During the adolescent period, the self (often viewed as the individual's perception of the self, resulting from various components), including the perception of oneself in isolation and in interaction with others, is also more fragmented, and there is a construction of multiple selves that could vary depending on roles and relationships in society. Self-concept develops from an early age in children; Harter (2008) describes the developing self as the interplay between cognitive development and social interactions in the process of human development. Neo-Piagetians, such as Case (1992) and Markus (1980), reinforce the fact that we actively “create theories about the world to make meaning of our experiences” and also build theories of self making our self-image firstly a “cognitive construction” (Harter, 2008, p. 217).

Young adolescents still have cognitive difficulty in integrating and accepting contradicting attributes and characteristics which make up their self-concepts. There is a kind of all or nothing thinking in terms of their self-representations which thus keep vacillating. There is sensitivity to feedback from others, especially concern with what their peers think of them, which often leads them to manage the impressions they make. They tend to have self-representations which are opposites from one another depending on the situation or the moment. The vacillating perception of self results from the dependence of perceptions of the opinions of others, the result of a situation changing an opinion. This means that adolescents try to manage their impressions based on these changing opinions and also based on the way they are treated or expected to behave in different roles (e.g., like an adult in a job but a child at home).

There is a creation of multiple selves which vary across different roles and relationships. The concept of 'I-Self' (subject- actor/knower) and 'Me-Self' (object of one's

knowledge), introduced by the psychologist James (1892), have distinctive features but are also intertwined (Harter, 2008). The I-Self describes the self as the 'machinery' which consists of the basic biological, perceptual, and cognitive processes and capabilities. These aspects lead to the construction of the Me-Self, which is the idea of who one is (e.g. spiritual, material, or social) (Lewis, 1994). Hence, the changing characteristics of the processes of I-self, that define each developmental stage, will impact the Me-self or the self theory that is being constructed.

Various factors (e.g., physical appearance) affect adolescent girls' constructs of their global self-esteem during this period. Those who are able to look positively at accomplishments in specific domains will have higher self-esteem than those who do not. The impact of the opinions of significant others (such as peers and parents) in their life will determine if they see their self as authentic. However this can often lead to the construction of a false self if it doesn't reflect their own experiences. During the period of middle adolescence, girls become more introspective and even more concerned with what others think of them. There is difficulty in trying to figure out the real self, given the multiple contradictory "Me's" that develop during this period (Harter, 2008). However, there is a need in them for coherence to make sense of their different self attributes. There is a tendency to over-generalize at this stage, since girls have a false assumption that everyone is preoccupied and are judging their behavior, as they themselves are preoccupied with their appearance and behavior (Harter, 2008).

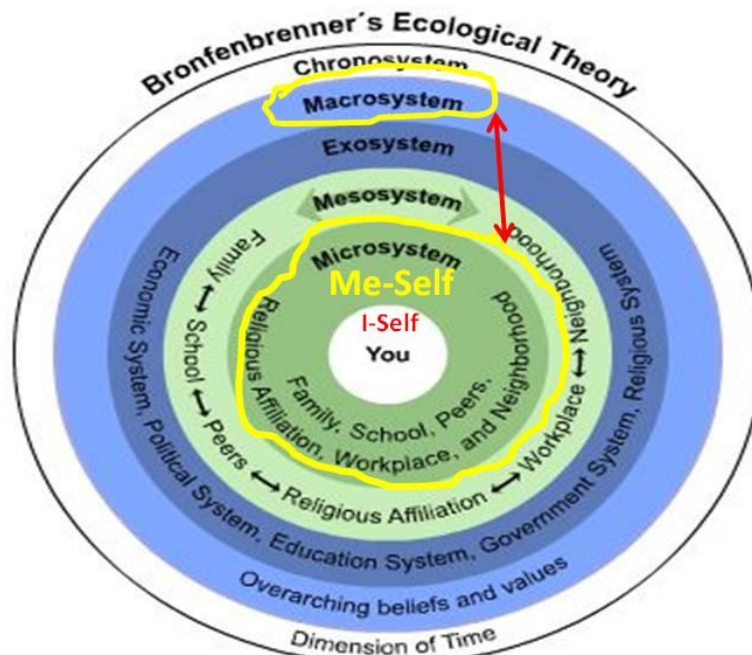
The attributes in the period of late adolescence reflect the personal beliefs, values, and ideas of morality which have been internalized or been formed through their own experiences. There is less concern with what others think and the impact of significant others are not acknowledged as much since now girls tend to own their beliefs and values. Their self-guides are internalized, and they try to work towards who they ideally want to be in the future.

### *The role and influence of family and society on adolescents*

Harter (2008) emphasizes the import role of parents and caregivers in influencing the evolving self-concept from a young age (Harter, 2008). Thus, the construction of self is actively being created by children themselves as well as through interactions with their caregivers and environment. The influence and interaction of various societal systems (family being only one) on an individual has also been highlighted by Bronfenbrenner (2009) in his

human ecology theory. These systems have a crucial impact on the developing self and underline the importance of creating an enabling environment for positive development.

Another important contribution to the evolving self is the way in which relationships with or attachment to caregivers influence and shapes the internalized representations of others and the interpretation of how the self fits in the society (Harter, 2008). The role and impact of cultural practices, gender constructs, socio-economic status, religious beliefs, among others, becomes critical in determining how the self-concept evolves. Bronfenbrenner (2009) frames these elements into five major systems. First, the '*microsystem*' refers to the groups that immediately or directly impact a child's development such as family, school, religious institutions, neighborhood, and friends. Second, the '*mesosystem*' refers to the interactions between these microsystems (e.g. relationship between a child's friends and family). Third, the '*exosystem*' is the link between the social context in which the person does not have an active role and the person's immediate context (e.g. a parent's experience at work may influence their interaction with the child). Fourth, the '*macrosystem*' is the culture in which the individual lives (including socioeconomic status, ethnicity, the common values and identity shared by a cultural group). Fifth, the '*chronosystem*' includes the pattern of environmental and socio-historical circumstances and transitions over time (Eamon, 2001).



Source:  
<https://geopolicraticus.wordpress.com/tag/urie-bronfenbrenner/>

Figure 2: Theoretical Framework

Adolescent

girls, perhaps especially those from traditional orthodox families in lower resource contexts in India, bear the burden of being a female in a male dominated society, dealing with the

constraining social constructs of gender roles, aggravated as a result of circumstances. The interaction of the microsystem (her family) and the macrosystem (the cultural and common values put on the role of gender) influence many decisions that her parents make, including often deciding to get her married off - rather than allowing her to pursue a career - as the primary role of a woman in this context is seen as a homemaker. This is compounded by the fact that a girl's dowry goes up if she has a higher degree, thus putting a price on an educated girl. As a result of the girl's higher education, the family needs to find a groom who has a higher education degree than the girl, which automatically translates to the fact that a boy with a higher degree is also worth more money, thus raising the price of the dowry. Hence, this practice would naturally act as a deterrent for a poor family to encourage their daughter to complete her education, as they would be unable to afford the cost associated with her marriage. This also feeds into the orthodox belief that a woman who has a higher degree will question her husband or traditions; this would be inconsistent with her expected role in the family context, which is to be a good submissive wife.

Notwithstanding these adversities, adolescent girls are able to build skills to help themselves survive the challenges. Keeping in mind how the construction of the theory of self is impacted by both cognitive developments associated with a particular developmental period and the influence of socialization experiences and reactions or views of caregivers, one can see how a girl can grow up believing her role as a woman is to be a homemaker without any career aspirations or decision making powers. The importance of the impact and influence of the role of the caregivers in an adolescent girl's life is evident from the concepts discussed above. Let us now look at how this influence may be even more critical in a situation where the environment is not conducive to the development of an adolescent girl. In the next section, I provide an overview of the health, education, and social condition of adolescent girls from lower economic backgrounds in India.

### *The state of adolescent girls in India*

Adolescent girls in India are a vulnerable population due to the interplay of a broad array of factors discussed in this section. The diverse cultural and religious norms and beliefs, coupled with the complexities that stem from poverty, often result in harmful outcomes especially for women. These include lower rates of literacy among girls, high rates of anemia, early marriage, and early first pregnancy often resulting in poor health and nutrition indicators. These outcomes and their interplay are elaborated in this section.

Sen (1999) highlights the fact that female literacy has a particularly significant impact in reducing child mortality. Sen makes the point that women with higher literacy are likely to

cope far better with difficult environmental situations, and take better advantage of family planning services, health clinics, and improvements in water and sanitation. Another global study by Pillai, Maleku, and Wei (2013) examined data across 143 nations in the decades between 1970 and 2000 and concluded that a steady increase in the rate of female literacy levels resulted in a decline in maternal mortality rates. Research on maternal and child health also demonstrates the importance of delaying the age of a girl's marriage, thus delaying the age of her first pregnancy. Girls' early marriage is a complex social problem, involving dowry or bride price, parental beliefs, and economic status. However, evidence supports the relationship between parental education and the marriage age of their daughters. Authors Smith, Stone and Kahando (2012) review the literature on the positive effect of parental literacy (especially female literacy) on enrollment rates of their daughters in primary and secondary education and on performance of their daughters in school. As literacy and education level of parents increases, so do the years of completed schooling for girls and also increases their age of marriage. Literate and educated mothers are also likely to increase their communication skills and their ability to negotiate important family decisions, such as when their daughters' marriages should be arranged (Smith et al., 2012).

Underlying issues related to gender inequity also contribute to many of the existing problems facing adolescent girls. There still exists a preference for the boy child in India; this is evident in the steadily deteriorating ratio of females to males, a decline from 972 to 940 females to every 1,000 males between 1991 and 2011 (Census of India 1991 & 2011). Related studies on the national household dietary intake indicate increasing inequity in the levels of nutritional intake between males and females in North India, especially Rajasthan (Barua, Apte & Kumar, 2007). Both adult women and children under twelve years were deprived of their fair share and recommended levels of nutrition compared to men (Chatterjee & Lambert, 2007). These findings are consistent with those of earlier studies indicating a significant caloric gap (in Northern India) between males and females, particularly among lower income groups (Srivastava, Kumar, Bharti & Sharma, 1997). Results from a study conducted in an urban slum in the city of Nagpur found that 90.1% of the adolescent girls studied suffered from anemia. The study was further able to demonstrate the associations of female education and occupation with anemia (Kulkarni, Durge & Kasturwar, 2012).

These multiple factors affect the female child from an early age and lead to negative health outcomes – often unrecognized - which then play out as the child gets older. In

addition, these factors— coupled with the traditional reality that Indian women consider the care of husband and children to be a duty while self-care is not -often lead to overwork and self neglect with an array of physical and mental health consequences. The literature consistently indicates the low levels of nutrition among adolescent girls and links this to gender inequity, poverty, and lack of awareness.

My review suggests that most of the Indian studies have been carried out in rural areas. But those studies conducted in urban slums in India reveal nutritional and health status of adolescent girls are as bad as or worse than in villages. Two studies demonstrate levels of under nutrition in urban cities in West Bengal and Andhra Pradesh respectively, arguing for the need to focus attention on improving the health status of adolescent girls to prevent long term damages to their children (Mondal, Biswas & Bose, 2012; Prashant& Shaw, 2009).<sup>1</sup>

Greater recognition of the impact of gender inequity and its negative effects on the health status of women has led to demands by progressive political organizations to have more women in leadership roles and, more generally, to provide women with greater access to information and knowledge. It is commonly acknowledged that gender identity is a social construction in both sociology and social cognitive theory. A girl's or woman's own belief in her efficacy can impact her role in society and her aspirations. Beaman, Duflo, Pande and Topalova (2011) investigated whether female leadership in villages of India in fact raised aspirations and educational attainment for girls. Their study clearly demonstrated the positive effects of having a female leader and its “role model effect” which goes beyond aspirations and even improved educational impact.

The overarching social construct of the role of a married woman in South Asian society was well demonstrated in a study on Bangladesh and India. The study indicated how women were controlled by their husbands and the husband's family, and that women have little say in their mobility outside the home. A woman also could not exercise much power in making decisions about her health. The authors argue that in order to make interventions work, it is important to look at peer group strategies and community based projects(Rani & Lule, 2004). This is important to note, as I have used a similar approach while designing the project (see Section 3.)

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<sup>1</sup>This understanding, however, has led some assistance programs to provide food supplements to adolescent girls, often with negative effects. In girls who have been undernourished since early childhood, significantly increased food intake in adolescence sometimes has the effect of precipitating menarche at an earlier age than would otherwise be the case – and, often, in turn, earlier marriage. The supplements have also precipitated a tendency toward obesity in undernourished bodies without the ability to properly oxidize fat.

Adolescent girls are often perceived to be a financial burden by their families; marrying them off at an early age reduces the bride price (dowry) that the family has to pay.<sup>2</sup> An early marriage also 'protects' the girl, according to society. The prevalence of child marriage (defined as marrying under the legal age of 18 years) among urban girls is estimated at 29 percent - 56 percent for their rural counterparts (UNICEF, 2011), this indicative of the role of poverty in forcing parents to take such steps. Even though there are laws in place to prevent child marriage in India, the practice accounts for an estimated 40 per cent of child marriages in the world (UNICEF 2009, p. 4). Significantly, only 514 such cases were reported and registered between 2004-08 (National Crime Record Bureau, 2008).

The state of West Bengal had the seventh highest percentage of underage marriages among all states in 2001. Disturbingly, both the National Family Health Survey (NFHS-05-06) and the District Level Household Survey (DLHS-3), conducted in 2007-08, indicated that there has actually been an increase in the prevalence of under eighteen marriages: from 45.9 per cent in 1998-99 to 53.3 per cent in 2005-06 (HPS 2007) and then a further increase to 54.7% (UPS 2008). Ghosh (2011) appears accurate in his suggestion of "a silent complicity" on this subject in a population that largely recognizes that the law prohibits it. The author attributes the practice in part to poverty and social beliefs, but primarily to the prevailing authoritarian and patriarchal social structure (Ghosh, 2011). As a further disturbing statistic, India, Bangladesh, and Nigeria alone account for one in every three of the world's births with adolescent mothers (UNICEF, 2012).

The prevalence of early marriage leads to multiple complications including early childbearing leading, in turn, to anemia, low birth weight infants, and the vicious cycle of malnutrition. Nearly 50 per cent of adolescent girls aged 15–19 in India are underweight, with a body mass index of less than 18.5 (UNICEF, 2012). This increases the likelihood of complications during pregnancy and child birth. Yet 16% of women between the ages 15-19 years were already mothers or pregnant as assessed by the National Family Health Survey (NFHS III, 2007). Clearly, these mothers were at a higher risk of maternal mortality and morbidity.<sup>3</sup>

Similarly, for mothers under age 18, the chances of their infants dying in the first year of life is 60% greater than that of infants born to mothers older than 19 (UNICEF, 2008). Not surprisingly, considering the effect of poverty on rural female adolescents mentioned

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<sup>2</sup> In earlier years in India, advertisements by clinics carrying out gender-based abortions (now officially illegal in India) argued that a small cost now (the abortion) would eliminate a much greater cost later (the dowry.)

<sup>3</sup> Maternal mortality is the public health indicator having the greatest differences between low income and industrialized countries, with prevalence in the poorer countries often 100 times greater.

earlier, young rural women are twice as likely as urban women to have their first birth by age 18, meaning simply that more of the children die. Both maternal and neonatal mortality rates are higher among the young than among older women: 45 percent of all maternal deaths take place among those aged 15–24 (Office of the Registrar General, 2011). Thus delaying the age of marriage - along with creating awareness on important health and nutrition considerations –is an important way to improve the health and nutrition status of adolescent girls and, in turn, to prevent long-term damage to their children (Mondal et al., 2012).

The above review of the literature provides evidence on the complex nature of the problems associated with a woman's health and nutrition and their impact on future generations of children. However, the issues contributing to the poor health and nutrition of a woman and her role in society are multi-layered, and we need to keep in mind that changing the social fabric of the society is a slow process. A first step is acknowledging the problem and creating awareness about it. And, in moving forward, we need to create groups of individuals who are socially aware and advocate for creating equity among men and women in Indian society.

### *Moving Forward*

The problems outlined above, combined with the social taboos associated with talking about issues of reproductive and sexual health, often prevent parents from having the much needed discussions around menstruation and pregnancy with their daughters. This adds another level of complexity in trying to empower adolescent girls with the knowledge and skills required to have a better future.

To delay the age of marriage<sup>4</sup> and childbirth and reduce rates of anemia, there is a need to build a network of different local stakeholders such as family and community leaders, thus creating the social capital and psycho-social infrastructure which adolescent girls need to be healthy, stay in school, pursue a career (if desired), and marry as informed adults. However, often such stakeholders, especially parents, may not be fully aware of the level of care and support that adolescent girl's need (Barua et al., 2007). The literature is consistent with the needs expressed by current beneficiaries of the Calcutta Kids Trust during the needs analysis which has informed the development of ASHAYEIN. We envision that this community based network will prepare, support, and advocate for adolescent girls to build

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<sup>4</sup> There is broad international acknowledgement that delaying age of marriage, however difficult in some societies, is easier than seeking to delay first pregnancy in couples already married.



their life skills necessary to break the intergenerational cycle of malnutrition and poor health of women and children and to become empowered mothers in the future.

The literature discussed above indicates the complexities about which we need to be aware while working on the issues plaguing the lives of adolescent girls. It also highlights the importance of building community structures or pillars to influence the interactions between the 'microsystem' and 'mesosystem' and lead to the development of a positive self-image. This approach will hopefully have an overall impact on the 'macrosystem' in the future. Using this rationale, I argued for utilizing the principles of 'social network analysis' to conduct my needs analysis, providing, as they do through an analytical approach, insights into the 'microsystems' in a girl's life and the interplay of these systems which influence her self-image. In the next section, I describe and elaborate the method that I used to conduct the needs analysis, followed by a presentation of my findings.

## Section II

### Methods of Needs Assessment

#### Context of Project

The slum of Fakir Bagan is a migratory/transient community in the urban complex of Calcutta with a population of about 20,000 persons. The slum, which is situated roughly half a mile away from nearest public transport system, is characterized by poor drainage systems, blocked sewage systems, accumulated garbage, and intense flooding during the rainy season. Most dwellings are mud huts with tiled or tin roofs. A baseline survey conducted by Calcutta Kids Trust(2005)found dismal health indicators and indicated an urgent need for improved access to health care, counseling, and effective community-based health initiatives. Among the findings:

- Over 22% of those who had been pregnant within the past 3 years had had a child who died;
- Only 67% of mothers had had an institutional delivery; the remainder had home births carried out by untrained professionals; and
- Only 28% of women fed their children colostrum, and the average birth weight was 3.9 pounds (a “low birth-weight infant is defined by WHO weighing less than 5.5 pounds - with birth weight cited as a key predictors of whether the child will survive past the age of 5).

Over the last ten years that Calcutta Kids has been working in the community, the organization has been able to make significant impacts on the health and nutrition status of the mothers and children in the area: there has been a reduction in severe malnutrition among young children by 73%; average birth weights have improved to 5.8 pounds; and almost 90% of mothers now have an institutional delivery and feed their children colostrum (Calcutta Kids database, 2015).

However, many existing married female beneficiaries have expressed - both over the course of the project and while conducting the needs analysis associated with this study -that it would have been helpful to talk about reproductive, sexual health and navigating life as women before they got married. Those expressing this desire include some of the organization's health workers, who had been project beneficiaries earlier and are now mothers

of adolescent girls. These health workers believe they are better prepared to guide their daughters as a result of the knowledge they have acquired.

As this is a migratory community, many of the girls often get married and have to move to the home of their in-laws, which may be in the village or in another locality. This practice makes it even more important for knowledge to be imparted before they get married so that the girls are equipped with the necessary knowledge and confidence.

This demand from the community coupled with the fact that there are numerous young unmarried adolescent girls in Fakir Bagan, led me to conduct the needs analysis, assessing the extent of demand from the girls themselves and from their support systems which might justify the initiation of a project to address their concerns. We now examine the factors that proved important in conducting this research.

### **My role and position as a researcher**

I was born and brought up in India and have been working in the development sector in both urban slums and villages for over ten years. While India is a complex and diverse country, I believe I have a reasonable understanding of the overarching cultural and social norms and also of the people, and politics of the country. My experience of working with youth (especially girls) both in urban slums and villages opened my eyes to the multi-layered complexities that have an impact on their health, nutrition, age of marriage, education, careers, and sense of self-worth. In the course of this work, it became increasingly clear to me that while a project may have the good intentions of delaying age of marriage and improving the nutritional status of young adolescent girls, there are many invisible extraneous factors at work – the factors which Bronfenbrenner (2009) describes as the 'exosystem' plus others which we may not be able to control due to socio-economic realities and underlying cultural practices.

I am aware of the fact that I come from a different socio-economic status than the population with which I work. As a result, I need to be even more sensitive to the complexities associated with poverty. Even when I begin to understand the overarching cultural and social norms in my society – the 'exosystem', I am still an outsider when it comes to the economic challenges and the lack of opportunities that accompany people living below the poverty line. Thus, it has been important for me to work with the health workers, who

came from similar economic backgrounds as the beneficiaries, while both designing and conducting the needs analysis. The health workers acted as a reality check and were able to provide inputs to ensure that the plans for the project were usable and practical given the realities of the slum community. They also reminded me that there is a need to be flexible and open to adaptation and modification as the project proceeds, this being the first time such an intervention with adolescent girls has been initiated in the community. Unforeseen issues may arise, they warned.

Calcutta Kids was established by my husband ten years ago, and I have been co-directing the organization with him for the past four years. Noah is well respected and highly regarded in the community. The fact that I am the wife of the founder and long time director of the organization gave me an added advantage in quickly gaining the respect of the team and the community. The relationship also gave me a position of power, one which sometimes could be detrimental when individuals are, as a result, less open in sharing their true feelings. It also may have worked in my favor, with community members believing that I might have the capacity to bring about actual change. It has also worked to my advantage that I speak all of the local languages and have worked in similar settings before. I had already developed trust in the community by spending a lot of time earlier with families in the slum.

Additionally, the health workers' remarkable bond and rapport with the beneficiaries and, indeed, all of the community members, eased the processes of obtaining the consent of parents to talk to the girls about these issues. The health workers had done a lot of the groundwork and had already spoken to the community members informing them about the potential of a new project for adolescent girls. They explained that we would need to ask questions and get information, however, before designing it. The community was aware of the need for data collection, as this had been done multiple times in the past. And the community had seen that such data collection usually led to a valuable and meaningful intervention for them.

All the girls and families with whom I spoke referred to me as "didi" which means elder sister in the culture. This is both a sign of acceptance and respect. Many of the girls chose to stay and talk with me even after their interviews had been completed, invariably expressing their eagerness to have a group meeting before long with all the girls.

My language capacity also allowed me to connect with the girls and their families more intimately and to understand their cultural references than otherwise would have been

the case. As the population is migratory, I often had to keep switching between Hindi and Bengali, depending on the background of family members.

Finally, there's no question that my positionality and role as a woman had a positive impact on the research. The discussions around menstruation, reproductive health, and marriage are sensitive and intimate issues that women do not discuss easily. The fact that I was a woman made it easier, and them to consider our interviews a safe space to discuss such private issues.

### **Process of the Needs Analysis**

As highlighted in the literature review, the research findings clearly indicate the need to build and create a network of different stakeholders in an adolescent girl's life in order to challenge the existing harmful social norms and practices and make informed decisions. This involves gaining insight into some of the governing variables and underlying assumptions in both an adolescent girl's life and in the lives of the individuals who influence her. This section describes the process utilized to elicit that information, and, in turn, to determine the extent of demand for a project focused on adolescent girls.

### ***Guiding Questions***

In order to identify the persons who are a part of an adolescent girl's life and influence her decisions, I posed the following research questions and sub questions:

1. Who/What are the primary persons/sources of influence or authority that play a pivotal role in an unmarried adolescent girl's life in the slums of Fakir Bagan?
  - a. How are they connected to the girl?
  - b. What are the relationships among these persons/influences, if any?
  - c. What kind of information or messages does she receive from these individuals or other sources (such as television and movies)?
2. What is the depth and strength (degree of proximity) of each relationship to the adolescent girl?
  - a. What is the frequency of their communication or meeting?
  - b. What is the channel of communication?
  - c. What is the direction of information flow (one way or two)?
3. What are important issues in her life as defined by the adolescent girl?
  - a. Who, according to her, has the decision making authority on these issues?

## Design

I used a case study approach relying primarily on qualitative methods. This approach seemed to be the best fit for my needs analysis, since it is an empirical inquiry that investigates an existing problem within its real life context. Using the case study investigative approach helps to thoroughly describe the complex phenomena in ways which will result in a new and deeper understanding of the issues (Mertens, 2015). Gathering such data was clearly central to the needs analysis, and, in turn, for the development and planning of a project designed to assist these girls meaningfully. The needs analysis took the form of an exploratory case study, with descriptive elements added. Through this data collection and analysis, I was able to identify the primary relationships and roles of the actors in the adolescent girl's life and how these influences, individually and collectively, were influencing both her understanding of herself, and the important decisions she is making or soon will.

## Participants

### *Site Selection*

The needs analysis was conducted in the same area in which the project will be implemented, namely the urban slum community where Calcutta Kids currently implements its maternal and child health and nutrition program. As ASHAYEIN will be a part of the larger program, this was a needs analysis to help design an effective project. Most of the community members are daily wage earners, drivers, house maids or factory workers; some run small local businesses or shops. The predominant religion is Hinduism but there are also groups of Muslims living in the slum. This migrant population originates from different states of India, and lanes are often named either after the predominant state of origin of the residents or the predominant trade of its residents. One lane, for example, is called '*madrasipatti*' which means that most of its residents are from South India. Another is called '*bhadpatti*' which literally translates into 'clay pots lane,' indicating the primary occupation of its residents.

### *Sampling*

I utilized purposive sampling for this study (Mertens, 2015). Even though the sample was small, the girls and families selected represent a sub-group of the population that the Calcutta Kids' program is already addressing and expects to continue working with. In

addition, those adolescent girls selected to be included in the study are also expected to become beneficiaries of the project.

An interesting phenomenon took place while conducting the research which reinforced the importance of having such a project and a safe space for the girls to talk openly about issues that are generally taboo in the culture and society as a whole. I had originally planned to conduct ten one-on-one interviews and two group discussions. In the group discussions, I planned to share the preliminary findings from the one-one interviews and thus assess the extent to which the findings were representative of their feelings and generalizable.

The ten girls for individual interviews had been selected by the health workers through a process of purposive sampling based on the criteria that had been given to them. However, once I started the interview process, the girls initially interviewed, clearly excited by the process and by the opportunity to talk about their lives, their feelings and their aspirations, proceeded to tell their friends about it. This then had a snowball effect as other girls then approached me and the health workers expressing their interest in being a part of the study. As a result, I conducted one-on-one interviews with a total of 15 girls and added two more group discussions with other new participants with whom I was unable to conduct individual interviews.

As a result, I was able to meet with 27 girls through individual interviews or group discussions. They expressed their happiness in being able to meet other girls and talk about issues they could rarely discuss at home openly. They also wanted to keep meeting in these groups to get to know each other more fully and to extend the range of topics. Hence even though the project has not officially started, the Calcutta Kids Trust is seeking to meet this continuing and increasing demand by conducting bi-monthly informal group meetings. One participant told me that she “liked coming and laughing and singing songs with other girls like her.”

It is evident that these informal groups are fulfilling two purposes: first, the groups provide an opportunity for the girls to get to know each other better; secondly it gives Calcutta Kids crucial information on issues the girls would like to talk about, and how they wish to discuss them. This information is being added to the needs assessment reported here for final ASHAYEIN project formulation.

In order to assure some level of diversity in the sample, I sought to include the following:

- Girls both in pre-puberty (10-12 years) and puberty (12- 19 years);
- Both girls attending neighboring public schools and school drop-outs.
- At least one Muslim girl; the others were Hindu;
- Girls with two parents and girls who had lost one or both of their parents.
- A few girls financially employed to support their families.

**Below is a snapshot of the sample.**

**Total number of girls interviewed = 27**

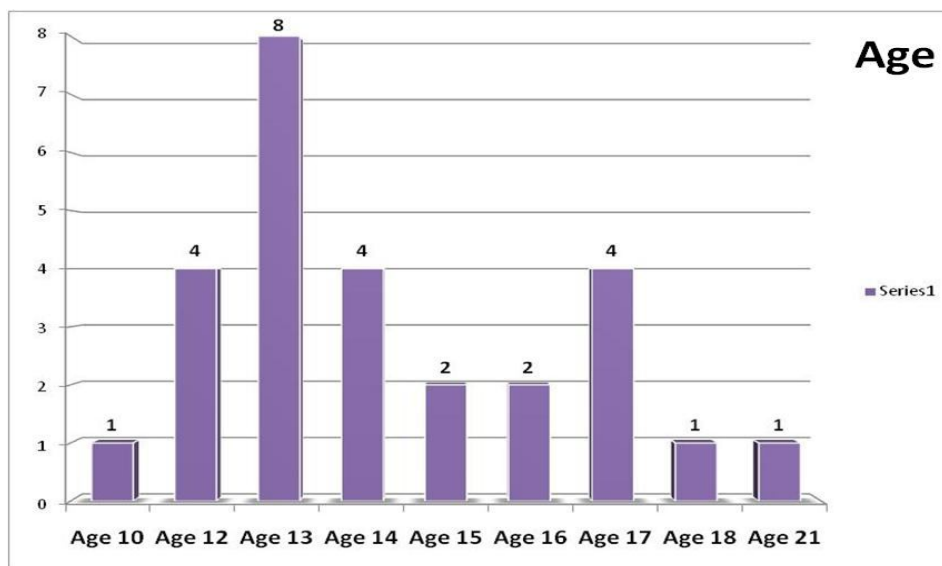


Figure 3: Age of Sample

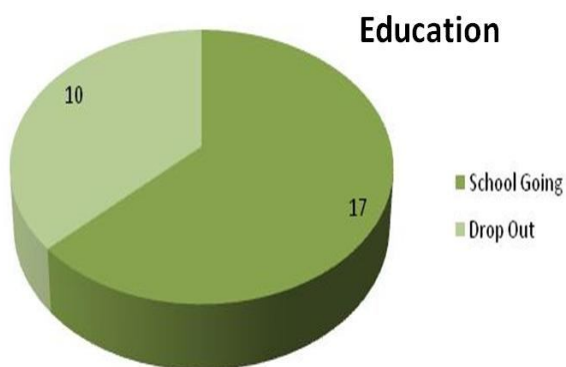


Figure 5: Education status

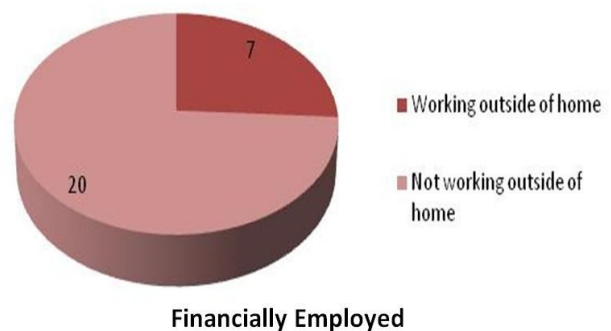


Figure 4: Financial status



## Data Collection Instruments

I used the principles of Social Network Analysis (SNA) to conduct my needs analysis but did not strictly follow the method. Social network analysis has been described as the mapping and measuring of relationships. This includes understanding the flows of communication and interactions among people, groups, organizations, or any other forms of information/knowledge processing units (Haythornthwaite, 1996). Social Network Analysis is a method for visualizing people and connections, helping to identify how people interact to share knowledge. The principles of SNA helped gather information in ways that were both interesting for the girls and also identified their networks and the level of influence of each on their lives.

I used semi structured open ended interview questions as a guideline. I had a white board and markers and visual pictures representing matters such as marriage, health, and school to help prompt the adolescents to elaborate and to provide an opportunity to visually represent their answers. I facilitated and guided the entire process with assistance from the health workers (whom I had trained before conducting the research). I recorded the interviews (with the permission of the participants) but have used pseudonyms and codes to maintain their anonymity. These recordings are with me in a safe place, and I will destroy the evidence once the project itself is underway. I also took photographs of the girls' final visual representations of themselves and their networks. Once again, these do not have any identifying information except for codes that I have used only for purposes of my analysis. Additionally, the health workers and I took copious notes. The process has been well documented.

I conducted four group discussions. Two of them were with the same girls with whom I had conducted one-on-one interviews. The group discussions were a forum to disseminate the initial findings and then assess whether (a) the information was accurately presented, and (b) the extent to which the patterns were representative of their views and if it was generalizable. The girls had the opportunity to either change or add new actors in their circles and also state why they listened to them.

I conducted two additional group discussions with new participants who wanted to be a part of the study but I could not have individual one-on-one interviews with them due to time constraints.

## Procedure

I conducted the interviews with the assistance of the health workers who have had the long term relationships with these families and beneficiaries. I explained the reasons for conducting this research and how the results would be used to design an adolescent girl's project in their community should this be desired. I also explained that they themselves would be part of the project, further reinforcing the importance of their inputs. I gave the girls the option of choosing where they would like to meet, thus ensuring that it was an environment where they felt safe to answer personal and sensitive questions. This could be at their homes, or at the community center, or any other place of their choosing. For many, this selection depended on their parents and their own schedule of chores.

Before selecting the girls, the health workers and I spoke to their parents informing them of the reasons for this research. We got them to sign informed consent forms or, for those who couldn't write, to give their thumb impressions. The participants themselves were also asked to sign consent forms before the interviews, and each participant was given a copy of the consent form.

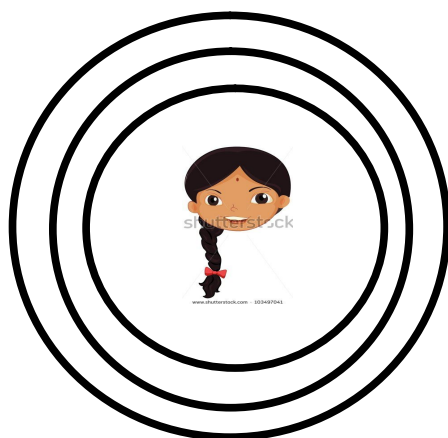
The entire process is presented in the table below.

1	The participants and their families were identified with the help of the health workers based on the criterion listed above.
2	Guiding questions for the interviews were translated into local languages, and I conducted the interviews myself in Hindi and Bengali
3	The girls were given a white board with a picture of a girl in the middle and concentric circles around her to demonstrate closeness of relationships. There were markers and also print outs of pictures which acted as prompts for issues such as marriage, health, money, school, career/jobs, education, friendships, and different forms of media.
4	The participants drew dots on each circle representing different persons, groups or influences in their lives and described their closeness by drawing them either in the inner circle or further away.
5	This created a visual representation of her network.
6	The girls drew thick or thin lines (between one to four lines) to indicate the level and frequency of communication in each relationship. There were also arrows indicating the direction of the communication.
7	This led to the creation of a circle reflecting the social network for each girl.
8	Each one-on-one interview lasted between 60 and 75 minutes.
9	I conducted the group discussions as well. There were two group gatherings where I shared an initial analysis of the data to see if the girls thought this was an accurate representation of what they had said.

10	I conducted two additional group discussions with new participants who wanted to be a part of the study. Even though I asked questions to the whole group, each participant drew her individual representation of her network.
11	The group discussions also lasted between 70 and 90 minutes.

**The guiding questions for the interview were as follows:**

○ Who do you think are some of the important people in your life?
○ How close is your relationship to each one of them?
○ What, according to you, are important matters in your life? (I referred to the pictures to trigger some ideas, e.g. health, marriage, and food)
○ Who among the people you have listed do you think decide or have authority over these important matters that you have listed?
○ To whom would you most likely go if you had a general health problem?
○ To whom would you most likely go if you were having menstrual problems?
○ To whom would you most likely go to talk about relationships and/or marriage?
○ To whom would you most likely go to talk about studies and pursuing education or a career?
○ To whom would you most likely go to talk about foods that are best to eat for good health?
○ If you were going to be spoken to about these same issues, who would most likely be the person to speak with you about them?
○ Do you have a discussion/dialogue when you meet, or do you mostly listen to the advice being given to you?
○ Do you advise anyone on any of the important matters you have listed? Do you talk to other girls in your community about these issues?



The interviews resulted in visual representations of each girl's life



Figure 7: Visuals from interviews

As indicated, the answers to these questions constitute qualitative data, and hence are complicated to analyze or convert into standard measurement units as indicated by Marshall and Rossman (2015). Therefore, my analysis is guided by the research questions and the related literature. Following the process recommended by Marshall and Rossman (2015), I identified both themes and trends to structure the data and used an initial coding system to facilitate the analysis.

### Validity

As this is a qualitative study, I have assessed its validity based on the following points:

Lincoln (2009) states that there is credibility in qualitative research when there is prolonged and persistent engagement with the community (as cited in Merten, 2015). The study that I conducted is within the community that Calcutta Kids has been working for the

last ten years. I have a relationship both with the beneficiaries and the health workers who are regularly engaged with them.

Another method suggested by Cho and Trent (2006) is through formal and informal member checks and peer debriefing. As part of the process, I summarized what I had understood from the visual representations with each girl at the end of each interview. I also shared the findings and analysis through a group discussion and noted their additional inputs and comments on them. As part of the peer debriefing, I also shared the results with the health workers to determine whether their understanding of the situation was similar to the interview findings I had recorded.

I also attempted triangulation of the data through a combination of the interviews, the group discussions, and the informal interviews and check-ins with the health workers.

I have ensured that in my analysis I provided what, according to Geertz (1973), is a '*thick description*' of the research setting, context and complexity of the issues (Geertz, 1973). My use of multiple interviews and group discussions strengthens the study's external validity according to Yin (2009).

Finally, the needs analysis also meets some of the transformative criteria as defined by Lincoln (2009) since it took place within a community with which I am very familiar and well respected. Thus there is reciprocity, where the participants understood that the findings will likely lead to valuable social change, in this case through the development of ASHAYEIN addressing needs in their own community.

### **Ethical Considerations**

Throughout the data collection, I was aware of the sensitivity of the issues I was discussing with the girls and that they were sharing with me highly personal feelings and information. I treated the information with sensitivity and confidentiality. The girls were also told that they could withdraw at any time during the process if they felt uncomfortable without being penalized in any way. In order to fully engage meaningfully with the participants, I was careful not to drape my conversations with "academic armor," in particular "linguistic armor" (Lerum, 2001; Marshall & Rossman, 2015). I used simple common language that the girls understood so that they felt at ease and did not appear to feel intimidated. As indicated, I ensured that informed consent was secured from both the participants and their parents before conducting interviews with them (Hemmings, 2006).

## Limitations and Constraints

One possible limitation of this study could be characterized as “pre-existing understanding.” Since I have worked in this community for several I have inevitably developed conceptions and understandings that could affect my interpretation of the data I collected in this study. This kind of preexisting understanding, according to Yin (2012), may arm critics of case studies with an argument against the credibility of the research. It may seem that “I found exactly what I set out to find.” This phenomenon, coupled with the fact that case studies are often perceived as not being generalizable to broader levels, may recreate this prejudice, with critics highlighting it as a major limitation (Rowley, 2002; Yin, 2014).

However, this methodological challenge, according to Yin (2014), can be dealt with by using more systematic procedures of data collection and analysis such as theoretical grounding or conceptual frameworks as points of reference throughout the research. In my case, I sought to utilize my literature review and the methodology presented above to guide my research, while being open to identifying and exploring new themes or concepts that might challenge my theoretical perspectives and understandings of the field. The larger purpose of such a process is ultimately a quest to find the truth, whatever that may be.

Case studies can also be generalized to other settings through analytic generalization rather than statistical generalization (Yin, 2009). This suggests that I can use my conceptual framework to draw logical conclusions that *may* be applicable to other similar situations. This does not make my generalizations less important than statistical generalizations in social science research (Rowley, 2002).

The following section elaborates the findings from the needs analysis which led, in turn, to the development of the project proposal. I have used pseudonyms and changed identifying information to protect the identity of the girls whose stories I have used to illustrate particular issues.



## Findings: Trends and Analysis

Trends begin to emerge when analyzing the narratives and stories collected during the needs analysis. I begin this section by telling the life story of Priya, one of the girls I interviewed. I also seek to provide the necessary background to this story and others so that readers are aware of some of the compounding factors influencing their narratives. These stories and the data on those listed in the girls' networks are followed by a summary on how this information will be used in project formulation.

### **The story of a young girl named Priya**

I begin by sharing the tragic story of a girl called Priya Shaw, one which illustrates both the importance of having a safe space or forum for girls to talk about issues that are important to them and the need for open dialogue with their parents or other family and/or community members who are important in their lives. The story also underlines the importance of a project such as ASHAYEIN.

Priya was 17 years old and in the 9th grade. I conducted her interview in her own house; her mother rarely allowed her to go out alone, but was okay with our talking with Priya and allowing her to be part of the project. Priya's sister-in-law is a current beneficiary in our maternal and child health program. The day we conducted the interview, Priya was not feeling well; she was having her period and suffering from stomach cramps. So she sat on her bed and spoke to me while her mother lay down next to her, likely inhibiting Priya's ability to talk openly. Priya talked about how she wanted to continue studying and one day become a computer engineer. Her favorite subjects were English and mathematics, and she loved problem solving and working on graphs. She was currently working on a project on the prevention of illness in school, one in which she felt particularly engaged. She said *"Mujhe aabhi shaadi nahi karna hai....paadai karke bohut paisa kamana hai aur Fakir Bagan sei bahaar nikalna hai".(I don't want to get married now and want to study further..earn a lot of money and get out of this slum, Fakir Bagan).* She spoke at length about a family wedding she had recently attended; her mother kept chiming in as well. Priya described the glitz and glamour of the wedding which was held in a different city and required train travel to reach. She liked going out of the slum community of Fakir Bagan and enjoyed reading the newspaper, eating biryani, dancing and singing.

Her mother indicated that she wanted to get Priya married soon, and was searching for a boy who had a lot of money and would take care of her daughter. Priya, by contrast, didn't want to get married anytime soon but clearly was feeling pressured. She told us that she often spoke to a friend about this. She also indicated that she has a Muslim friend (this important in that some community members frown on friendships between these two religions).

Priya attended the next two informal group meetings and participated actively in the discussions. At one of the meetings, however, her mother came along and spoke to one of the health workers before the meeting. She suspected that Priya had a Muslim boyfriend, and she wanted to know who it was- and was hoping the health worker could get the information from Priya. This worry increased her desire to get Priya married off soon, and “avoid complications.” The health worker listened, but politely explained that the privacy of these interviews and group meetings needed to be respected. She encouraged the mother to speak to her daughter directly. The mother did not pursue the matter further with the health worker.

A few weeks later the organization came to know that Priya had gone to the river Ganges to take a dip (as it is a holy custom for people practicing Hinduism) and drowned in the current. They found her body after a couple of days, recognizing it by the clothes she was wearing. The family, though heart-broken, is not openly discussing the matter. Based on conversations with neighbors and friends, the health workers conjecture that this may have been a case of suicide. (The evidence, however, is purely anecdotal and not conclusive.) What is clear is that Priya had been having quarrels with her family over the course of the preceding year and felt pressured to get married despite her own dreams of becoming an engineer. If, as her mother feared, Priya had a Muslim boyfriend, her family would have never supported their getting married. Hence a suicide emerging from a sense of hopelessness is not at all out of the realm of possibility.

Priya had been a bright, cheerful, intelligent girl who had dreams, who wanted a career, who wanted to travel, but who felt thwarted by her family. It has been heartbreaking to me – and to the health workers - that we were unable to do something to remedy this situation, perhaps to facilitate an open dialogue between Priya and her family, one permitting an opportunity to openly express feelings. I find comfort in believing that ASHAYEIN will help serve such a purpose for other girls, to help prevent such an absence of communication, such a thwarting of dreams, and find ways to endow the community itself with the capacity to serve as a safety net for these girls, and ultimately as a means of empowering them.



While Priya's story is devastating, it also highlights the importance of the findings and trends from the needs analysis discussed in the following section. The findings, as indicated, are also an essential means of determining the design and activities of ASHAYEIN which will be implemented for young girls like Priya at Calcutta Kids. As indicated, I have used pseudonyms for all of the girls whose stories I have highlighted to illustrate the most important emerging points.

### **Background on the interview settings**

Most of the one-on-one interviews that I conducted were held at the homes of the girls, as they were either too busy to meet elsewhere between their chores, or because their parents felt more comfortable meeting for the first time under their supervision. In such a setting, with family members walking in and out or even sitting in on the interview, the girls were sometimes uneasy talking about such issues as menstruation or time of marriage. During the group discussions, however, participation was restricted to the girls themselves, thus permitting the girls to feel free to talk openly about such issues.

In the next stage of analysis, prior to project initiation, I will conduct pre-tests with those persons identified in the girls' networks to better understand the kind of information and knowledge that they have and are transferring to the girls on issues considered important by the girls: health and nutrition, menstruation, marriage, school and career, work and money, friends, other interests such as movies, serials, favorite foods they eat, all part of what influences their views on life.

But before I delve into the details about the issues, I will describe some of the people that are part of the girl's microsystem and are influential in making some crucial decisions.

**Who is a part of an adolescent girl's 'microsystem'? Who does she talk to?**

**What is the nature of their communication?**



Figure 8: Members in a girl's network

The illustration above is a representation of the people in an adolescent girl's network as reported by more than 80% of the girls. The typical network of most girls often includes a combination of her mother, grandmother, aunt or mother's sister, elder sister, friend, brother's wife, father, brother, uncle and sometimes even her grandfather or a tuition teacher(private tutor). The flow of communication (one-way or two-way) and the interactions among individuals is representative of what more than 75% of the girls reported. There are outliers and a few whose communication patterns and interactions this diagram does not represent. The diagram also does not show the interactions among the network members but it can be safely assumed that there are interactions between members.

The legend below lists the issues that the girls talked about, and is followed by a diagrammatic representation of those with whom they speak, and about which issue, this based on the responses from 80% of the girls.



Figure 9: Visuals of issues they talk about

## Who does a girl most likely go to for which issues?

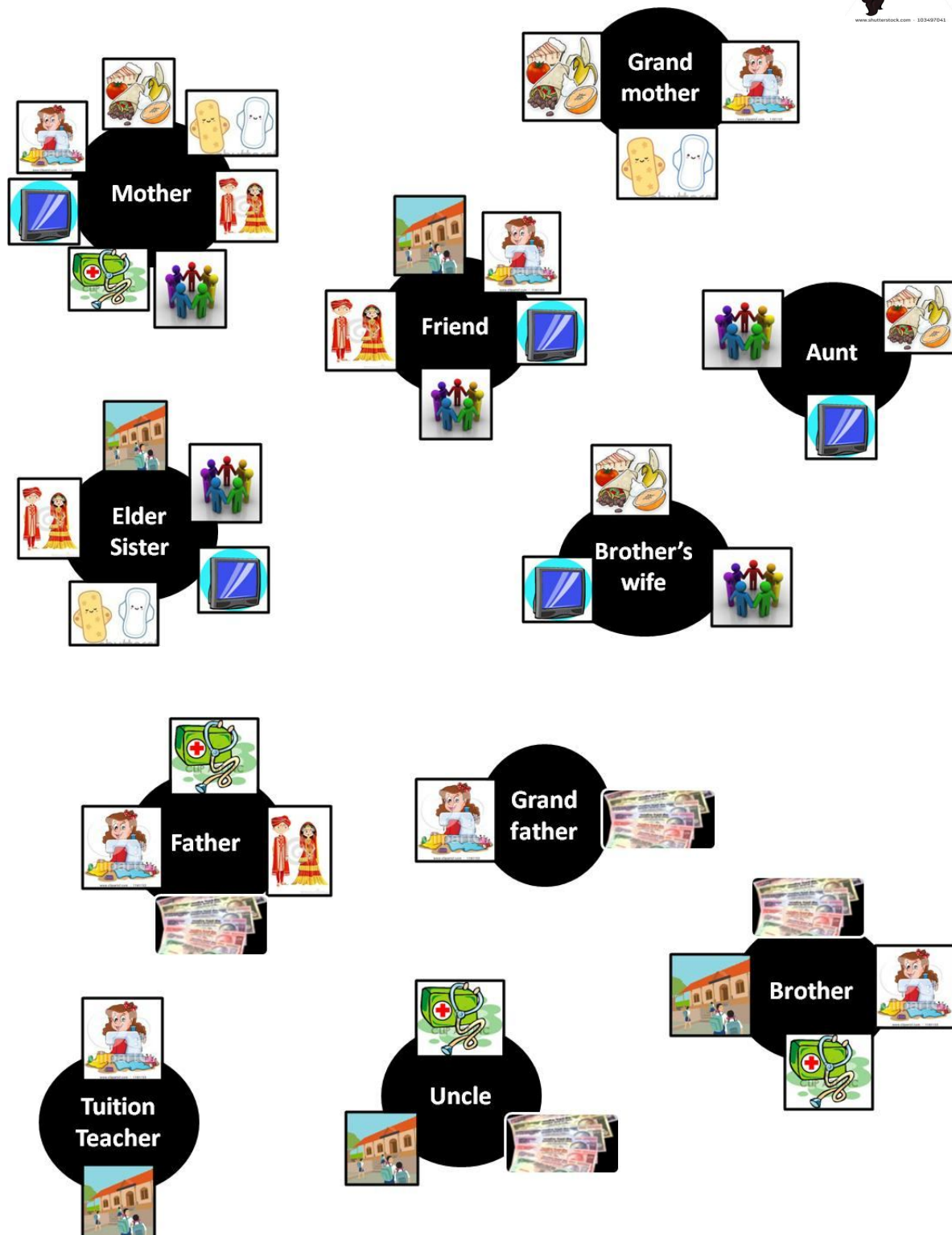


Figure 10: Relation between members and issues

An interesting point to note as an overall observation is the role of gender that played into these conversations. Most of the girls spoke largely to the male members in their group about issues related to finances or money. The difference in the conversations related to health with the men versus the women in their group is that the girls spoke about the health problems with the women but it was their fathers or brothers or uncle who often took them to a doctor or a hospital. This is consistent with some of the studies reviewed in the literature which indicated the restricted nature of women's mobility.

Listed below are the primary explanations the girls gave to explain why they listen to their network members. The list is followed by a visual representation of the reasons associated with each network member, this again based on the responses of 80% of the participants.



## What are the most likely reasons she listens to her social network?

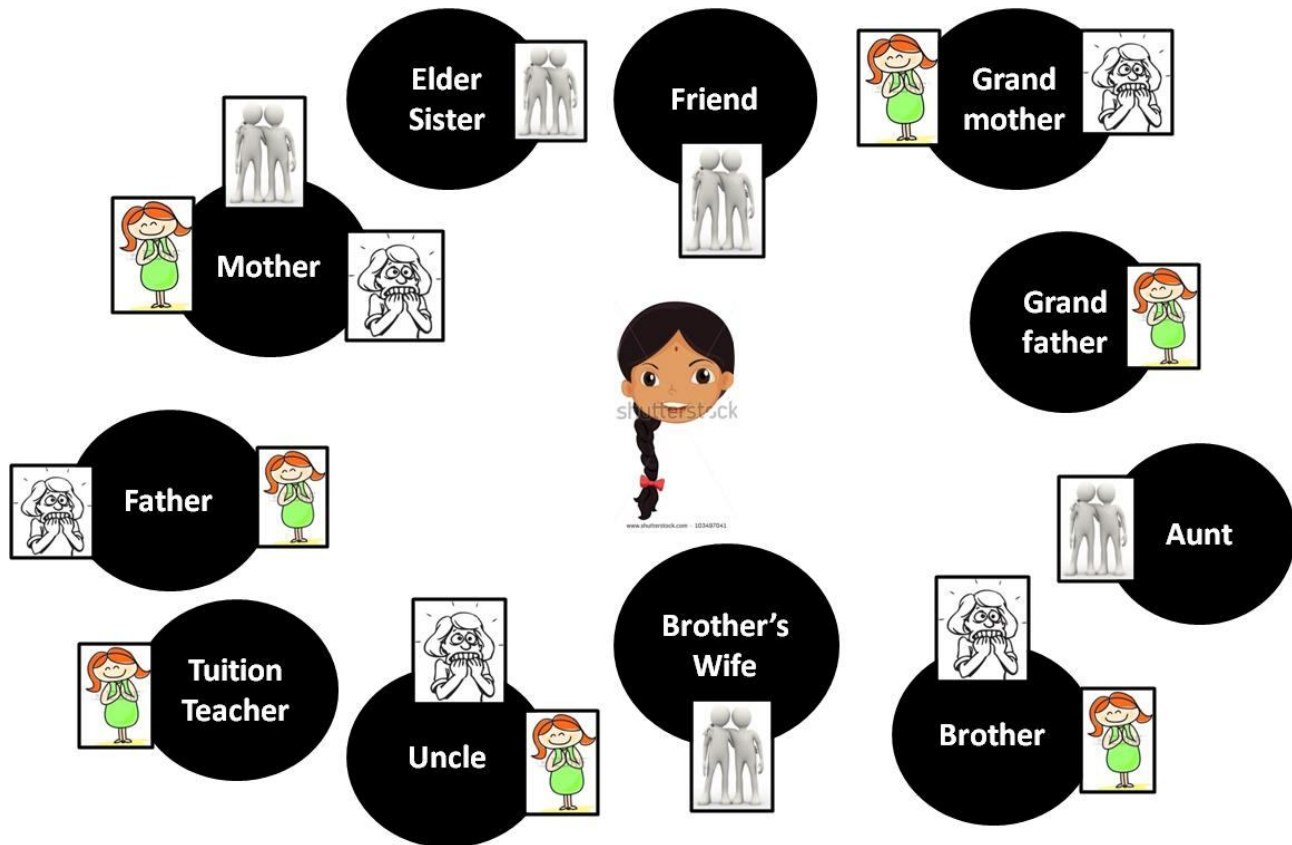


Figure 11: Reasons for listening to network

With these caveats in mind, I describe next each of these relationships based on the data collected.

**Mother:** A very large majority of the girls included their mothers in their circle – this excluding the few whose mothers were no longer living. Most had a very close relationship with their mothers and were able to talk about almost everything with them, including menstruation. A lot of their conversations centered on food. The topics discussed least were education and schooling-related issues since so many of the mothers had low levels of literacy if literate at all. The girls helped their mothers with household chores and in raising their younger siblings. Some were afraid of their mothers; a few were upset and angry with them.

The few who did not list their mothers in their circles had complicated relationships with them. An example is *Reena*, 15 years old, who talked about being frustrated with her mother's behavior and feeling trapped in her house. Reena's father is a 'pundit' (priest) who leaves their home in the morning and comes back late in the evening. She has a married elder sister and three younger brothers who bullied her and were very ill behaved. The family owns a local shop where Reena's mother sits seven days a week from morning till evening. She did not help with the household chores except for cooking dinner once in a while. The household chores therefore fell to Reena who wakes up at 5.30 am, makes breakfast, gets her brothers ready for school and get ready herself. In the afternoon when she returns from school, she cooks lunch, cleans the house, and then helps her brothers with their schoolwork. On some evenings her mother returns in time to make dinner, but Reena always cleans up afterwards. She also washes the family's clothes.

Reena spoke fondly of school, seeing it as an escape from her life at home. She was most relaxed when she was at school with her friends. She did not look forward to vacations as they meant more work at home. She was not allowed to go out. She spoke sadly about a time she went to visit her elder sister and her husband, but was called back after two days since there was no one to do the housework. Ironically, she believes her life might have been better if she had been married off early - like one of her friends who had had a similar home environment.

*Gita* also had a complicated relationship with her mother. Gita's mother had had an affair when Gita was 12 at which time Gita left the house and is now staying with her grandmother – her own choice. (Her father who remarried stayed elsewhere.) Gita, like Reena, loved going to school and studying but had to drop out, this the result of her father's forcing her to stay at his new abode, worrying that, like her mother, Gita would run off with a man. Gita still cares for her biological mother and even meets and talks with her secretly– this, necessarily, without anyone else in the family knowing about it. Even though she feels sad that her mother left her, she considers herself lucky that her step mother is fond of her. Gita told me that she has a good relationship with her step mother and is able to talk with her about most things. Gita's father is in the process of finding a groom for her but Gita has already refused to get married and says she will ask her step mother to help her if she feels she cannot stall the marriage proposals on her own. She says "*Mujhe phir se padai karna hai aur mera chacha aur mami mujhe madaat karega....mujhe saat saat kaam bhi karna hai..meh abhi silai seekh rahi hun lekin uske baad mujhe beautician ka course karna hai*". (I want to

*study again and even though it's hard I know my uncle and mami will help me get admission and study....but I also want to work and right now after I finish learning sewing I want to learn how to become a beautician and work in a beauty parlor".*

She did list her step-mother and not her biological mother as a network member although, she told me, she continues to feel close to her biological mother. Gita wishes she could spend more time with both of them.

Another participant, Suneeta, who did not list her mother in her circle told me that she has trouble communicating with her. She indicated that her mother does not understand her much, and had been heartbroken after her elder married son had run off leaving his wife and young child with his parents. Suneeta has had to take up all the household responsibilities including care for the young child.

*Lina*, by contrast, did list her mother as one of the closest in her circle. She is terribly afraid of her father who is an alcoholic and beats her often. Even though she was 12 at the time of the interview, she was not mature for her age and looked under-nourished. Although she got along well with her schoolmates, Lina had dropped out of school claiming that she didn't understand the subject matter and had a teacher who got impatient with her. She said "*Mujhe kuch samaj me nahi ata hai and meri teacher mujhe madat nahi kartithi..is liye meh school chhod di...lekin meh meri dost kobohut miss kartihu..*" (*I did not understand much in school and the teacher never helped me..it became really difficult so I left..but I miss my friends very much*").

A few days after the interview, we learned that Lina's mother left the family and run off. Lina was devastated, has great difficulty accepting the situation, and consoles herself with a belief that her mother will return. Lina has attended all the informal group meetings since that time, and clearly derives happiness from being around other girls like herself.

**Grandmother:** Less than a third of the participants listed their grandmother ('nani' or 'dadi') in their circle. (Most of the grandmothers who were listed were the girl's father's mother). The girls indicated that they listened to grandmothers out of a combination of fear and of the necessary respect for elders, and that the communication was mostly one way.

Among the girls who did list their grandmothers, one of them, Jyoti, had lost her mother, and her 'dadi' (father's mother) had brought her up. Jyoti's conversations with her dadi related mostly to household chores and food, but she also sought her advice on health



problems. Another girl, Maya, lived with her 'nani' (mother's mother) as her parents were separated and her father had remarried. Maya had a good relationship with her nani who lived in a joint family, and Maya preferred staying with her nani than with her father. She too mentioned, however, that even though she loved her nani, she could not share everything with her or discuss issues around reproductive health with her. In contrast *Kavita* told me that her grandmother was her confidante, and she worried that she would lose a dear friend when her grandmother died. Among those who listed their grandmothers as part of their circles, most of them indicated that they adhered to the traditional understandings relating to eating and to menstruation taught to them by their grandmothers. I will discuss some of these beliefs and practices in a later section of the analysis.

**Elder Sister (Didi):** More than half of the participants who had elder sisters listed them in their network circle. Most of these elder sisters were either married or about to get married. Some of girls also referred to elder cousins or a neighbor's older daughter as their 'didi,' signifying that they felt close to them and respected them as if they were their own sisters. Most of the girls indicated that they were extremely close to their didi's and spoke about nearly everything with them. Many told me that they learned what to do and how to take care of themselves when they were menstruating from their didi's.

One of the participants, *Anita* was completely taken care of by her two elder sisters as they had lost both their parents at a young age. Anita, a very shy girl, is 13 years old, goes to school and loves studying. She likes Hindi and English and wants to become proficient in English. However she was frustrated with her teacher in school and said "*meh gussa ho jaati hun kyo ki meri Hindi ma'am kuch theek se paadati nahi hai aur sirf attendance leti hai...is liye meh tuition jaati hu and woh teacher mujhe bohot kuch sikhati hai aur English meh bhi likhati hai is liye mujhe bohot aacha lagt ihai*". (*I get angry because my Hindi teacher in school does not teach well at all, she only takes attendance and then leaves..that's why I love going to my private tutor after school as she teaches me very well and even makes me write in English which I enjoy very much*). She listed both her sisters as the closest members in her circle. However, during the interview she told me that both of her sisters were getting married within a week and would be moving away. This left Anita despondent, if resigned. She was hopeful that she could occasionally talk to her sisters by phone, but knew that it would not be the same. In her dejection, she was very disengaged from the wedding preparations, and was just doing as she was told.

Radha also listed her sister who is already married, and spoke about going to her sister's in-laws' house as an escape from her dreary life at home. She said "*Meri jija mujhe bohot kuch kharid ke deta hai aur meri did imeri pasand ka khana pakati hei..mujhe bohut acchha lagta hai*".(My brother-in-law buys different things for me and my sister cooks all my favorite foods and I love that very much). There were others who spoke about how their sisters were the ones who got them their favorite food to eat or listened most attentively to their needs and wants. All of the girls listing older sisters indicated that they had a good two way communication with them. Most of the girls spoke regularly with these sisters if they lived at the same house, or communicated with them at regular intervals by phone if the sisters lived apart. Overall, these bonds appear particularly strong whether the "didi" is the girl's actual older sister or someone else on whom she bestows the name.

**Friend:** All the girls listed at least one friend with whom they are close and whom they included in their circles. The issues they spoke about with them varied. Some spoke with their friends only about school related issues, these mostly around which subjects were difficult and in which the girls were struggling, and also around homework assignments. Those girls who went to school often play games with these friends and eat together with them at school.

A majority of the girls also said that they talked with their friends when they had problems in their homes, discussing how to deal with issues such as balancing household chores and looking after siblings with their studies. They often discussed the serials they watched on television. Interestingly, most of them did not talk with their friends about issues related to health including menstruation. Only a few indicated that they had discussed their periods with their friend and exchanged ideas on how to deal with the stomach cramps and pain. Most of the girls had been instructed by their mothers or other authority figures not to talk about their menstruation with others. One girl reported "*Hame bola gaya hai ki masikke bare meh kisi ke saath charcha nahi karna isliye darlagta hai*".(We are instructed not to talk or discuss about menstruation with anyone and hence are afraid to do so).

Less than a quarter of the girls indicated that they were permitted to go shopping with their friends unaccompanied to buy food or clothes; usually they had to be accompanied by either adults or elder siblings. Some of the girls told me that they often chatted with their friends while waiting in line for drinking water or when washing clothes or performing other household chores outside of the house. Some who had dropped out of school and were

employed, spent time with their friends during the weekend at one of their houses. These girls also were rarely allowed to spend time with friends outside of houses. The girls mentioned some common games that they all loved to play such as 'kit kit' (similar to hopscotch), 'antakshari' (singing songs), and 'kabaddi' (this is hard to translate and explain as it's a game typical to Indians but the closest similarity is 'capture the flag'). They all looked forward to spending time with their friends whenever they could and valued these friendships.

It is interesting to note that only a few girls indicated they openly discussed marriage or spoke about boyfriends and relationships with one another. In some cases, this might be explained by the presence of the girl's mother or another relative in the room during the interview. But some girls told me that they intentionally would not discuss boys and relationships with their friends, some even removing themselves from conversations where these topics arose, afraid of the consequences (beating or restricted movement) if a father or brother found out about such discussions. One girl said "*Agar papa kopatachaljayeki meh apni dosto ke saath ladke ke bare mein baat kaar rahithi to papa mujhe bohot marenge...is liye mein kabhi yeh saabh cheez leke baat nahi kartihu...*". (If my father comes to know that I have been talking about boys with my friends, he will beat me...that's why I don't talk about any of these issues with my friends....").

**Maasi (Mother's Sister) or a neighbor or Bhabhi (brother's wife):** The majority of the girls had either their maasi or a neighbor (whom they referred to as aunt or chachi) or their brother's wife in their network. With these persons the girls discussed everything from household chores and TV serials to school concerns, career aspirations, problems with friends and sometimes even problems with parents. However communication was not always two way in these relationships. The girls often would have to listen to their bhabhi's instructions, particularly on household chores, and not be able to question them.

**Father:** Almost all the participants placed their father in their network though they were not listed as the closest person in the circle. Most had a one way communication with their fathers where they were expected to be obedient and listen to what was said. They respected (and often feared) their fathers, and would rarely argue with or even question the father's perspective. Their fathers took them to the doctor and bought medicines when they were ill. If the girls needed money for school or for personal items, they went to their fathers. Fathers also gave them money for something special during 'puja' (a holy festival).

A few participants told me that their fathers would beat them if they were considered disobedient. Some of the girls indicated that interaction with their fathers was limited, as many worked the whole day and returned late in the evening. One girl, Pooja, 15 years old, told us that her father had already been looking for grooms for her... and had found one. He had shown Pooja the boy's photo, and made it clear that she would have to marry him soon. Pooja did not want to get married (she wished to remain in school), but being frightened of her father, she had resigned herself to the fact that she would have marry the boy - since that's what her father wished. She would not resist his decision. "*Mujhe aur koyi chhara nah hai..mujhe pitaji kabaat sunna padega...jo hona hai woh hoga..*").(*I don't have an option..I have to listen to my father..whatever happens will be fine I guess..*").

In a similar case, the girl's father wished to get his daughter married soon, despite her young age, so that his financial responsibilities would be reduced. Anxious not to be a burden, the girl had no choice but to obey. As seen in the literature review, these cases are illustrative of the silent complicity which functions so actively and facilitates such harmful practices as under-age marriage. Ghosh (2011) attributes such complicity to multiple factors, among them poverty, social norms, and cultural beliefs. The complicity also reveals the role and influence of the 'macrosystem' (cultural and common values) on individual lives (Bronfenbrenner, 2009).

In contrast to this highly deleterious dynamic, there were a few participants who indicated very positive relationships with their fathers and were able to engage with their fathers in active, two way discussions on important issues. One participant told us that her father, himself a well known local politician, is highly supportive of her pursuing her education. Interestingly the father is determined that the girl become an accountant, while her own dream is to follow the example of a neighbor and become an airline pilot! The girl expressed hope that her father would be open to discussion on the matter, although she acknowledged that "he has a position to maintain." This meant that he had an image to maintain of himself and his family in the community. Thus if his daughter pursued chartered accountancy (which is considered a respectable profession for a girl), people would respect him even more as it also shows that he has the resources and connections to take care of his family which translates into the belief that hence he could take care of the community.

Reena, whose story was presented earlier, spoke about how her father sometimes actually helped her with the housework, recognizing that his wife would not. This fact is

worth mentioning for two reasons: First, Reena's father is a 'pundit,' a local Hindu priest, and a high caste Brahmin suggesting traditional social constructs about the roles of a man and woman in a household, and thus rendering this household assistance to his daughter highly unusual. Reena alluded to the fact that her parents did not have a good marriage at all, and that her father's help reflected both guilt at his wife's behavior and responsibility toward Reena. It is also clear that a separation or divorce was not an option for him given his position in the community.

The second reason this assistance Reena's father provides with the household chores is unusual is because, based on the societal gender roles, the father or 'man of the house' is not expected to do any household work at all; his primary responsibility is being the bread earner. Adding to the unusual nature of this assistance, Reena told us that her father had a temper and would hit her brothers if any of them complained – or commented adversely on the help he was providing. This clearly is counter to prevailing practices in India, and the usual preference for the male child.

**Brother:** Almost half the girls listed their brothers in their network circles. However, most of these stated that they listened to their brothers primarily out of fear. Their brothers – like their fathers - were inevitably protective of their sisters and often hit them if the girls did not listen to them. At the same time, there were some brothers who helped their sisters with their studies and other employed brothers who would sometimes buy food and clothes for their sisters.

The stories of Maya and Anita illustrate interesting facets of these sibling relationships. *Anita* (whose story was discussed earlier) has no living parents and lives with her sisters and uncle. She did have a brother but did not list him in her circle when I first interviewed her – this during the time her sisters were getting married. Anita, at the time, indicated that she did not have an important relationship with her brother. However, in our group discussion a week later as we were reviewing the interview findings, Anita decided to add her brother. Her sisters had gotten married and left, and her brother had now taken on a quasi-parental role which was bonding.

Another girl, *Nisha*, spoke about being extremely worried about her family, and particularly about her father, because her elder brother was proving irresponsible. Her brother got married, fathered a child, and then ran away from home leaving his wife and child behind with his family. His wife was not surprisingly depressed, and *Nisha*, more than a little upset

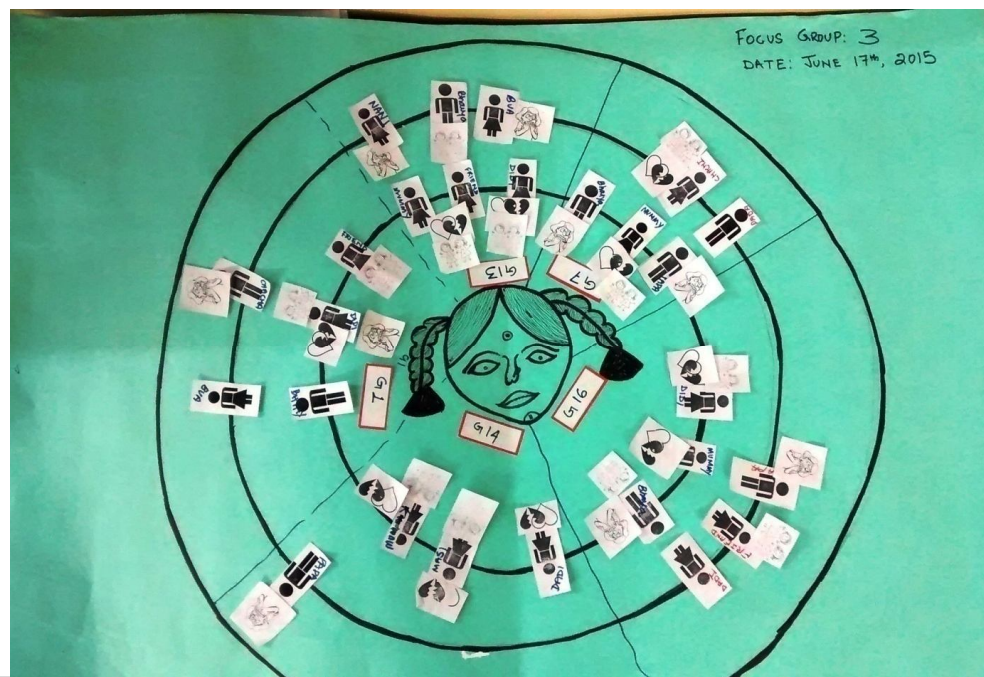
with her older brother, began taking care of the child. Nisha, by contrast, spoke highly of her younger brother who also made efforts to fill the gap in the family, and felt very close to him. Nisha's younger brother was also supportive of her continuing her studies and not dropping out of school. She communicated well with him and considered herself fortunate to have such a brother.

**Uncle:** Around 25% of the girls listed their 'chacha' (father's brother) in their circles. Most of these girls, however, had strained relationships with their fathers, or had no father at all. The girls generally speak to their uncles when they need money, and they often depend on these uncles to take them to the doctor and to bring medicines when they are ill. However, most of the communication was one way, and the girls could rarely express their desires to their uncles.

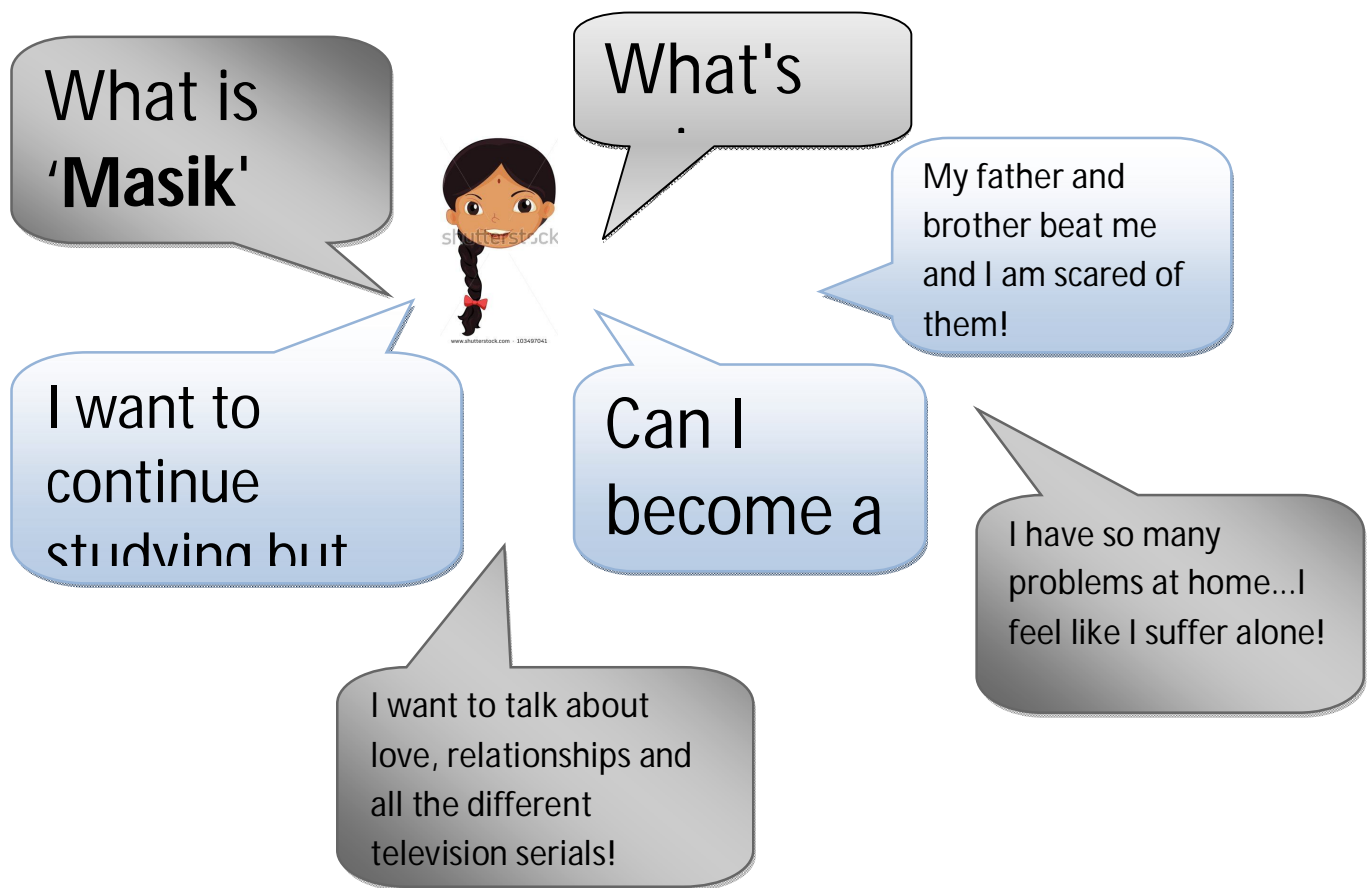
**Grandfather:** Less than 20% of the girls listed their grandfathers in their circles, although almost all said that their grandfathers were the primary persons to whom they went when they needed money.

**Tuition Teacher (Private Tutor outside school):** Two participants mentioned their tuition teachers in their network. The two told us that these teachers serve as career counselors and help them identify their goals and possible ways to achieve them. The girls held these teachers in high regard and listened carefully to the advice they were given.

### An image from a group discussion



**What are some issues the girls talk about, seeking to learn more?**



**Figure 13: Issues girls talk about**

The girls spoke about a broad array of topics. The primary topics are discussed below.

**My body and health:** A topic that almost all of the girls wanted to talk about – and learn about was menstruation. Few of the girls knew anything about menstruation before it started; they learned about it only once they suddenly found themselves bleeding. The girls who hadn't begun menstruating, rarely had any idea what it was.

The stories told were nearly always the same. They woke up one morning or came back from school and discovered that they were bleeding.<sup>5</sup> Inevitably, they were extremely frightened (some thought they were dying) and went to their mother, a sister or a grandmother.<sup>6</sup> They were told what to do, but also that this marked the beginning of

<sup>5</sup> One girl discovered waking up and finding blood was told by her mother to wash the bed sheet, wear a cloth (as a pad), and go to school quietly without talking about it.

<sup>6</sup> One grandmother, hearing the news, responded, "Thank goodness you got it and now I know you are not a 'hijra'" (transvestite).

womanhood, and, accordingly, that the girls were not talk to boys any longer,, should not speak about this with anyone else, and should home directly from school – or from their employment. The girls also were instructed that, during a period, being “impure” they were not permitted to enter a temple or touch the idol of a god.<sup>7</sup> A girl having her period was not to touch pickles (the belief is that she would spoil the food); and some were told not to consume sour food.

Overall, these conversations made the girls feel dirty and impure. Many believed, at first, that they were the only ones suffering in this way, perhaps cursed for having done something wrong. None of the girls understood *why* this had happened and what it meant to be menstruating. Some girls told us they had been shown a promotional video at school by a company which manufactured pads at their school, but their teachers would answer no related questions. There were a few girls who spoke with their friends and shared their feelings both about the pain and about the restrictions now placed on them by their families. But many unanswered questions remained. *Rita* narrated her story saying *"I loved riding the bicycle and would go on long bike rides. One day I came home and saw that there was blood all over my underwear. I was terrified and ran to my mother saying I had cut myself while riding the bike and there was blood all over. She looked at me unperturbed and told me that finally I was a women and I should not worry. She told me how to use a pad and gave me some other instructions and also warned me not to talk to boys much. It wasn't till a year later that I found out this was normal and some of my other friends had it too. But I still don't understand why it happens"*.

Some of the girls spoke about how they could see their bodies changing and figured it was normal, this having been reinforced by their mothers. Even though they discussed their health problems with their mothers or sisters, it was often their fathers or uncles who took them to a doctor when they were unwell.

**School and education:** Most of the participants either were going to school or had gone for a few years and then dropped out – the stated explanation being family pressure to do household chores, take care of siblings, or work for wages). Most of the school-going girls told us they liked studying, favorite subjects usually being Hindi, English, mathematics, and/or history and geography. *Rita* told us she loved learning about the past: how human beings evolved from apes, how fire was discovered, stories about rulers of the land in times

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<sup>7</sup> These practices are by no means unique to any religion or class but rather are found in some form in most of the world religions.



past. She also was intrigued by the solar system, and she dreamed of becoming a teacher and imparting these fascinating stories to other children." *Mujhe itihaas seekhna bohot pasand hai aur pata haiki zindagi mein aage badneke liye itihias janna zarrorihai*". (I love history very much and I know that in order to progress in life, you need to learn about your past.)

Some of the girls who went to school also went for additional coaching classes outside of school and often preferred those teachers to those in their school. (This was more common among families with fewer than three children and who could afford to spend an extra \$10 dollars per month on education.) Other girls often got their uncles or brothers to help them with their studies. Some of the girls expressed their frustration with their school, some of whom kept actual teaching to a minimum – some actually leaving after taking attendance.<sup>8</sup> Despite this, some girls saw their schools as an escape from household duties. They felt free at school. They felt like they could be children. "*Humme school mein kaam aur ghaar ka problem se mukti aur aaram aur shanti miltahain...bohot aachha lagta hai*" (At school we feel like we get freedom, rest and peace of mind from our daily chores at home and all the problems at home..we enjoy it..). As indicated in the literature review, Harter (1999) talks about how this phenomenon can lead to the creation of multiple identities and roles in an adolescent which can be confusing and hard to reconcile.

Of those girls who had dropped out of school, most wished they could return; they missed their friends and they wanted to learn more. A few, however, expressed relief. They had had difficulty grasping basic concepts at school, had often been behind in class, and were often reprimanded by their teachers. They were happier working.

**Careers aspirations and Money:** The girls expressed a variety of career aspirations. Some want to become teachers; others want to be doctors or engineers; a few even want to join the police force. One girl indicated a desire to become a doctor but admitted to being afraid of blood; maybe then, she concluded, she would become a pediatrician and only have to work with children. A few who love dancing, wish they could become professional dancers and perform in Bollywood movies. *Namita*, as related earlier, dreams of becoming a pilot. However, *Namita* has decided to settle for being an accountant while she figures out how to pursue her real dream. Some indicate a desire to learn sewing and start their own tailoring business. Interestingly, only around five or six of the girls told us they would be satisfied to get married and have children. This, they know, is what their parents would like for them.

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<sup>8</sup> Absenteeism is a rampant problem in both the education and health sectors in rural areas and low income urban areas of India.

Radha wants to devote her life to doing good for society and helping others. It gives her immense satisfaction when she is able to help people. She narrated an instance where one of her classmates lost consciousness in school, and Radha quickly found a teacher to help and brought her grateful classmate to a facility for treatment. "*Mujhe bohot acchha laga ki mein uski madat kaar payi thi..*" (*I really like the fact that I could help her classmate in need*). She even keeps extra menstrual pads in her bag to give to girls in need.

Another girl, Anita, said that rather than getting married, she wants to continue working. Like Radha, Anita wants to help people in need. Anita, however, has a specific desire to train young people and provide them with necessary job skills. Rather than giving money to beggars she would rather help them find jobs, (although she admits she would give food and money to an older beggar.)

Almost all the girls agreed that earning money and having some level of financial security is important for them. They associate the earning of money with being independent and 'standing on our own feet'. A prime motivation for having careers is to be able to make money, and, in turn, provide support for their families and themselves.

**Marriage and relationships:** This was a topic spoken about by most of the girls. Five or six of the girls seem resigned to the fact that they might not have the luxury of choosing whom and when to marry, and to the necessity of letting their parents decide. While almost 80% of the girls expressed a desire to pursue their studies, enter into a career path and earn money before marriage, most were unsure that they could actually fulfill that dream. While some believed they could negotiate with their parents, most considered it a lost battle.

In terms of relationships with boys, some indicated a fear to discuss these even with their friends. If any of their family members got to know (especially their fathers), they would not be allowed to leave their homes. Most of the girls believe they have the skills and ability to run a household successfully, as they are doing it already.

**Hobbies:** Almost all the girls love watching television and movies. There are television serials they all watch, these, interestingly, dealing with the same problems they face or can anticipate. Some like watching cartoons and comedy shows, sometimes singing and dancing along with the music – and teaching any of the girls who don't know the songs. One girl loves photography and uses her phone to take photographs. Almost all of them enjoy playing games, though most of them complain that they don't have enough time for it.

## **What have we learned and how do we use this information moving forward?**

The boxes below summarize the key findings, and the issues deserving focus in the project:



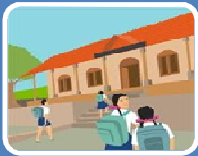
### **Learning about menstruation**

- Practices vs. beliefs
- Eating habits



### **Relationships and the influence of families and friends**

- Influence of mothers
- Fear of fathers
- Role of friends



### **Career aspirations, and the necessary education**

#### **Hobbies**

**Influence of media including television soap operas**



### **Desire to be able to negotiate age of marriage**

**Before that, the opportunity to earn money**

Based on these key findings, the project will seek to address these issues in the following ways.

A basic premise of the project is that it takes the form of a two pronged strategy to ensure (a) that these girls have an adequate support system in the community, and (b) that they are able to have increased two-way dialogue with members in their networks to help navigate their lives as women and future mothers. Both prongs will require group meetings with the girls and then separately with women (mothers, aunts, grandmothers, sisters) and with men (fathers, uncles, brothers) who have been listed in their networks. However, if there is a parent who has not been listed in the girl's network, he/she will be invited to the meetings after talking to the girl and getting her permission. This community-based approach emerges from the interviews as essential to making an impact on the girls' lives. Various authors discussed in the literature review, including Rani and Lule (2004) suggest that in societies where women have little say in their mobility or and household and health-related decision

making, the prerequisites for successful interventions are peer group strategies and community-based projects.

Using the rationale that literacy is an essential tool for improving the capabilities of all of the individuals concerned, (also discussed earlier in the literature review), the project will place a high premium on literacy as means of increasing gender equality and improving women's health. The group meetings with the male and female members in the networks mean that a majority of participants will not have completed primary or secondary school. Accordingly, as a means of facilitating the project's desired impacts (including improved health – including hemoglobin levels - of adolescent girls and of their future offspring delayed age of marriage and increased gender equity), an adult literacy program targeted to those in the girls' networks and focused on these issues could constitute an essential activity.

It seems clear from the information collected, that sustainable positive impact on the well being of adolescent girls in communities such as Fakir Bagan, must involve direct interaction and working with male members of the community to address issues related to gender inequity and health of women. As indicated, adult males are often the primary decision makers in the family, and generate both the greatest fear in these girls, and, too often in turn, a fatalistic resignation to a highly traditional life with little hope for the meeting of personal aspirations. Through this project, we want to make male family and community members aware of the impact of the decisions they have been imposing on these girls, and to seek their active participation in break this cycle of social inequality.

Clearly then, a literacy component, focused on these issues, and including frank exchanges with more enlightened members of the community – local champions of the initiative - will seek to target these male bread winners and primary decision makers in the networks, most of them, as migrants, poorly educated. ASHAYEIN will need to work carefully to design a literacy program that both meets men's perceived needs, but also helps to bring them on board with the project's broader women's equity objective.

Thus, through literacy education addressing health, gender roles and social issues (such as age of marriage), ASHAYEIN aims to develop the critical consciousness of male family and community members, hopefully resulting in decisions that positively impact girls' lives in a meaningful way.

The foregoing also makes clear that the approach to male and female network members will require very different techniques and methods. These are described in the

following section. As Patton (2011) strongly recommends, the project will require a well designed monitoring and evaluation system able to regularly assess the delivery of services, assess what's working, and have the flexibility to make changes as necessary to ensure the achievement of project objectives. Accordingly, in a project with components that are, by definition, so highly sensitive, even the results chain logic model presented below should be adjustable as required instead of being treated as a blue print for project implementation.

The following section of the thesis outlines the objectives, activities (deliverables) and proposed outcomes of ASHAYEIN, these, as indicated, open to revision as the project evolves.

## Section III

### Project Goals and Objectives

#### **Project Goal:**

Interrupting the intergenerational cycle of malnutrition and poor health among women and children by sensitively empowering unmarried adolescent girls in the Fakir Bagan community through improved knowledge of reproductive and sexual health (RSH), life skills, and the creation and strengthening of support systems to facilitate the most critical needs of these girls: delayed marriage and childbearing, reduced anemia and the opportunity to make informed life choices).

**Project Objectives:** By the end of the three-year pilot the project will achieve the following objectives:

1. All regularly participating girls will demonstrate a 50% increase in their KAP about issues identified as important in their lives.
2. 80% of the girls aged 10 to 19 years in Fakir Bagan will have hemoglobin levels of at least 12 gm/dL
3. 75% of girls who complete the project will have developed a plan for their future with concrete steps to execute it.
4. No more than 10% of adolescent-girl-participants will marry before the age of 18.
5. 75% of network members will demonstrate a 50% improvement in KAP scores of network members on the issues identified in objective 1.

## Brief description of inputs and activities for ASHAYEIN

### Inputs

The project staff will conduct multiple group meetings with various stakeholders, training workshops, adult literacy sessions and monitoring and evaluation processes. Thus the inputs for the project activities will include the following elements:

- Assuring funding for the project (hiring project staff, M&E consultant, development of training modules for adolescents and literacy curriculum, materials for training workshops and literacy classes, conducting meetings with stakeholders)
- Meeting with parents and community leaders to discuss and obtain consent for project activities
- Informal group meetings with adolescent girls to create a support group and gather inputs on content of training workshops.
- Pre-test with both adolescent girls and network members on KAP on identified issues to be addressed through the project.
- Test to assess literacy levels of network members.
- Develop the training modules for adolescents
- Develop education curriculum with literacy components for network members
- Train project staff to deliver training workshops and literacy sessions
- Baseline evaluation
- Baseline anemia test for adolescent girls.

### Activities

This section is a description of the activities that will help achieve the objectives of the project.

#### Pre-project activities

**Activity: Obtain informed consent from adolescent girls between ages 10-19 years from Fakir Bagan who want to participate in ASHAYEIN and their parents or guardians.**

The Health Workers (HW) and Project Coordinator (PC) will meet with the parents and the girls to explain the purpose of the project. The PC will meet with key persons from the community and explain the demand from the community leading to the project. The PC and HW's will ensure that all the participating girls have signed the consent form and are participating voluntarily. The parents will sign a contract with Calcutta Kids stating that there is a mutual understanding between both parties about the details and purpose of the project along with the guidelines that need to be adhered to ensure the success of the project and are willing to let their daughters participate.

**Activity: Discuss with stakeholders the importance of confidentiality and respecting each individual's desire to share.**

The PC and HW's will ensure that all the participating girls and their parents/guardians understand and recognize the fact that information shared at these meetings will remain confidential and private unless the girl specifically mentions that she is okay with sharing her story or experiences with others. Parents cannot use Calcutta Kids staff to get inside information on what their children are sharing, unless the information shared can be harmful to someone's life. There is a need to respect everyone's privacy and it's important to refrain from gossip due to the sensitivity of information being shared.

**Activity: Conduct informal meetings with girls prior to the start of ASHAYEIN to build a support group and gather inputs on issues they want to talk about.**

One activity which resulted from conducting the needs assessment is a demand from the girls to have informal group meetings to get to know each other better. This involves the PC and HW's conducting group meetings which comprise of team building games and creates a space for the girls to practice some of their hobbies, i.e. dancing, singing, and acting. The meetings will also serve as an important forum to collect data on what the girls feel should be included in the content area of the project, and will assist in determining effective delivery methods to keep them engaged.

This information will be recorded by the HW's and PC at the meetings. The PM will use the information gathered to inform the creation of training modules for ASHAYEIN.

**Activity: Conduct a pre-test (and post-test towards end of project) on the knowledge, attitudes, and practices on reproductive, sexual health issues, nutrition needs, and changes associated during adolescence including where to access help.**

The PM will design and conduct a pre- and post-test with questions on associated changes and needs during the adolescence period. The PM will compile the results from the pre- test which will inform the design of the ASHAYEIN training modules for the adolescent girls and community members. The PM will derive indicators from the information to help monitor the progress of the project. The results from the post-test will also help evaluate the impact of the project. The PM will use information from both tests and the mid-term and summative evaluations to compile a final report of the project.

**Activity: Baseline survey:** Levinson et al (1999) stress the importance of collecting baseline data to show the extent to which the project has resulted in any change. The pre-intervention data provides comparison to the data collected during mid-term and then the summative evaluation at the end. The baseline data provides information on the beginning levels of knowledge, attitudes and practices that we can track throughout the project.

Data collection tool: The project coordinator along with assigned field staff will collect the baseline data with a simply- worded questionnaire, conducted during interviews with all the participating girls and all the participating network members. The questionnaire will include questions on knowledge, attitude and practices related to health, nutrition, age of marriage, career, education and other issues identified in the needs assessment. It will also include a direct measurement of the hemoglobin levels for all participating girls to determine levels of anemia. Additionally, the project staff will conduct a simple test to determine literacy levels among the network members.

**Activity: Create a schedule for conducting the training workshops and literacy classes.**

The PC and HW's will gather information on the availability of each participant and put together a schedule and roll out plan for the training workshops for the adolescents and literacy classes for the network members.

**Develop training modules for the adolescent girls and the literacy curriculum for network members.**

The PM will use the information and data gathered from the informal meetings and pre-tests to develop training modules which will be used to conduct the workshops with the girls. The PM will also conduct a pre-test and literacy test with network members to develop the curriculum. Both will be designed to be participatory using non formal training techniques. There will be games, use of media, songs, and other group activities to help facilitate discussions and apply their learning to real life situations. The training modules will include topics such as adolescent reproductive sexual health (such as menstruation, STI/RTI, family planning and so on), health and nutrition needs, ways to prevent, identify and reduce anemia, strategies to develop life skills such as communication, negotiation skills, leadership skills, to deal with issues such as early marriage and early pregnancy, strategies to develop a plan for their future. The content of the literacy classes will include similar issues designed around improving gender equity and women's health and nutrition.



**Identify and train the health workers who will conduct the training workshops and literacy classes.**

The PM will select 5 health workers from the current Calcutta Kids team, based on their prior experience and knowledge in working with adolescents, who will conduct the training workshops and literacy classes. The PM will conduct a one week intensive training for the HW's. The PM will conduct refresher trainings every six months with the HW's on the various topics.

**Project Activities**

**Activity: Begin training workshops with the girls and literacy classes with network members**

The trained HW's and PC will conduct the trainings with the adolescent girls and literacy classes with the network members. This will include at least one workshop a month with the adolescent girls and one literacy class a month with the network members.

**Activity: Create a database system to monitor project performance**

The PM will create a simple database with the help of data operators to enter and monitor project data. The database will help review information regularly and track performance so that the project staff can take the necessary actions when required.

**Activity: Create a system to conduct continuous evaluations of each training workshop, adapt the training modules based on need, and have an ongoing monitoring system.**

After each session, - held twice a month -an assigned HW along with an assigned girl will record the feedback for the session in a simple format which will monitor attendance and answer the following questions: what worked; what needs improvement or further clarification and what was one thing each participant learned. If there are participants who would prefer to write it out on their own, they will be given the option to do so. Those who prefer talking or who may be illiterate, will speak their feelings which will be recorded in this format. The project coordinator will collate and analyze the responses after each session. This will help her to modify sessions as the project progresses to enhance learning as a part of developmental evaluation. At the beginning of the second workshop (and each subsequent workshop), the following questions will be asked and responses will be recorded and discussed: Were you able to implement the knowledge/learning from the last session in your

lives and in your homes? What were some of the constraints you face (d) in practicing what you learned? Post-tests will be conducted at both the formative evaluation and summative evaluation to review change in KAP related to the issues that both the girls received trainings on. The project coordinator will monitor the attendance for each session and find out reasons for attrition, and collaboratively come up with strategies to address attrition based on those findings.

**Activity: Training modules will include topics on self awareness and the importance of goal setting.**

The PC and HW's will help the girls identify their dreams/career aspirations, set a personal goal, and help identify steps to achieve them at the beginning of the project. There will be sessions to help the girls track and monitor activities they are doing to get closer to their goals. The goals could include completing their education, getting a particular job, getting married late and so on. The girls will also identify people from their support network who will help them achieve their goals and develop a plan to work with them.

**Activity: Integrated education session with literacy components focused on reproductive sexual health, nutrition and other identified social issues for network members:** The project coordinator and assigned field workers will facilitate these sessions thrice a month. Two additional components to the plan for these sessions are 1) simple assessments through games and such will be done regularly to monitor the reading and writing skills, and 2) at regular intervals throughout the project, the network members will be asked to express their thoughts on marriage and their responses will be recorded and analyzed to help modify sessions through the project. These additional components will ensure that 1) marriage remains a front-and-center issue and 2) will assist the project coordinator with monitoring the learning levels of members.

**Activity: Bi-monthly (once in two months) meetings with champion girls and champion network members:** The project coordinator and field workers together will identify girls (based on their willingness and a random selection by the girls themselves) and network members (based on their availability and willingness) who could be potential champions of the project. The project coordinator will hold meetings with these champions together once every two months to understand the risks and perceptions about the project among the larger community members as well as project participants. The meetings will be a forum to get

feedback on the curriculum as well as the program as a whole. It will also give an opportunity to address issues related to attendance/participation in the project. The project coordinator will record the group discussions in a simple standard format and use the feedback to modify the project if needed. The meeting will also be an opportunity to collect data on potential girls who might be in the process of getting married and identify an intervention strategy with the group members.

**Activity: The doctors at Calcutta Kids will screen for anemia and conduct regular health check-ups:** In order to ensure that the team achieves Objective 2: *80% of the girls aged 10 to 19 years in Fakir Bagan will have hemoglobin levels of at least 12 gm/dL*, there will be anemia tests done for each participating adolescent girls at baseline, mid-term, and end-line. The data entry operator will record the results in the database and the project manager will monitor the progress. The results from the mid-term test levels may result in project modification or identify a strategy to focus on those girls with low hg levels. The project will give each girl IFA tablets and the field workers will monitor the intake of the tablets during the meetings and home visits.

**Activity: Twice a year meetings with key community members:** It is crucial for the projects' success that the community is supportive. One way to ensure their support is by including them in its process. The project coordinator and assigned field workers will conduct focus group discussions with key leaders in the community on the perceptions of the community of the project. This data will be recorded and used for both monitoring and evaluation purposes.

**Activity: Mid-term Formative evaluation:** An external evaluator will conduct this evaluation. The project coordinator will establish a relationship with the evaluator at the beginning of the project (from the baseline) and share data and information throughout the process. This will ensure that the evaluator is actively engaged and aware about the progress of the project and has a relationship with the project staff and even beneficiaries. The reason the external evaluation team will not collect the data at baseline is because of the importance ASHAYEIN is placing on early rapport building which we believe needs to be done between the beneficiaries and the project implementation team. However, s/he will be involved in the

monitoring and evaluation plan design before, during and after the project. The formative evaluation will review but not be limited to the indicators discussed at each monthly meeting

**Activity: Summative evaluation:** The same external evaluator will conduct the summative evaluation. The evaluation will review the progress on achieving the objectives of the project, but more importantly, it will assess the road blocks/constraints and failures of the project and list lessons learned to assist in the next phase of implementation.

### **Monitoring and Evaluation Plan**

The Project Manager and Project Coordinator will be responsible for the overall monitoring and evaluation of ASHAYEIN with the assistance of the Project Director who will oversee and provide assistance. The monitoring and evaluation processes are a continuous process with regular feedback loops to guide the project to meet its goals.

### **Overview of project evaluation plan**

#### *Philosophy and general approach*

The theoretical framework for the evaluation plan and the plan itself is briefly described below. One of the key elements to keep in mind throughout the monitoring and evaluation of the project is building 'relationships' with the stakeholders. Both Patton (2011) and Levinson, Rogers, Hicks, Schaetzel, Troy and Young (1999) highlight the importance of creating relationships with beneficiaries and other stakeholders to be able to gather and understand the data in a way which will create practical workable solutions which will truly benefit the target population. Relationships are at the heart of this project. Without a tremendous emphasis on creating and maintaining relationships with both the adolescent girls as well as their social networks, we will not achieve the project goals.

The project will have a combination of some aspects of traditional evaluation as well as elements of developmental evaluation. Patton (2011) highlights that, as an evaluator, it is important to be aware of the context and match the evaluation's intended or desired uses to the context; he describes "the real gold standard" to be "methodological appropriateness"(Patton, 2011, p. 290) in evaluation. As this pilot-project is a research and development project whereby I am attempting to use principles of action research, it has the

potential of tremendous life-altering outcomes, and hence the methodology for evaluation needs to be flexible and appropriate for the situation.

Levinson et al (1999) talk about the importance of identifying and knowing your audience and identifying strategies to keep them involved in the process, as this will both create a sense of ownership and also verify the applicability of the findings (Levinson et al. 1999). Patton pulls together the interaction and usefulness of both traditional evaluation processes (such as formative and summative) and developmental evaluation through his description of the "adaptive cycle" (Patton, 2011, p. 207).

Developmental evaluation considers that situations are unpredictable and we need to expect the unexpected. Hence, feedback loops and Patton's concept of a "reflective practice cycle" (Patton, 2011, p. 269) are critical components of developmental evaluation. Given the nature of the project and the fact that it will be dealing with sensitive and even socially taboo topics such as menstrual health, reproductive and sexual health, we need to be open to facing unpredictable roadblocks and may need to adjust/modify elements of the project as we go along, especially since the members in the girl's network with whom we will be working include grandmothers, mothers, fathers and uncles. Thus we need to be aware and sensitive to the fact that this may be the first time that many of them will be discussing these issues in a public space. The project's challenge is to both meet the community where it is, but also push the boundaries of comfort.

#### *Monitoring and Evaluation elements*

While external evaluators could conduct the formative and summative evaluation, overseeing the baseline data collection and conducting the developmental evaluation will be the role of the project manager of the organization. This will ensure that the feedback on project progress is more immediate and continuous throughout the project life-cycle, an essential component of developmental evaluation. Levinson et al (1999) emphasize the importance of qualitative data in evaluating a project as they provide insights into the "appropriateness" of the project in addressing priority issues and provides reasons for project outcomes and challenges.

The project team will collect baseline data at the beginning of the project, followed by mid-term and also end-line data collection.

The developmental evaluation plan will include the following activities:

The project coordinator regularly reviewing the monitoring data and discussing trends and data analysis with the staff during the monthly staff meetings. These meetings will also include staff identifying and presenting case studies of either a girl or a member from the network on a quarterly basis. 2) The field staff along with the project coordinator will identify girls and members in their network who are 'champions' (those who take initiative, show interest and identify the value of the project). The project staff will have regular bi-monthly (once in two months) meetings with the champions to share quantitative data and discuss the project's successes, shortcomings, and to provide an opportunity for idea generation. These meetings will be documented and will add a rich data source to the developmental evaluation, the project monitoring, and also the summative evaluation. 3) Similarly to the bi-monthly champion meetings, there will be separate meetings every six months with key local community members to keep them abreast of the project and get their insights and views of the project 'appropriateness' and its perceived impact on the community.

The mid-term evaluation will be conducted by an external consultant with the assistance of the program manager. It will be 'formative evaluation', which will help the project staff understand elements of the project that may need considerable revisions. The mid-term formative evaluation will serve the purpose of a 'program constraints assessment' and will include asking questions both of the health workers (field staff) and beneficiaries such as:

- How effective do you think the project is? Why do you think it is effective?
- How well do you think it is going? Can you name specific changes in your knowledge, practice or attitudes on some of the issues we have been discussing? (there will also be data from the pre-test on these issues as well)
- What are some constraints in the project? How do you think we can overcome those?

The summative evaluation will assess the effectiveness of the two-pronged approach to address issues related to general adolescent health and future-oriented aspirations. It will focus on the failures/constraints as well as the successes of the project as a whole. This will ensure that in moving to the post-pilot implementation, the organization is able to use lessons learned and implement necessary adjustments and changes.

### **Overview of project monitoring plan**

For the overall monitoring of the project, we will create a database to capture and help us analyze the data collected in the field. The project will include a combination of qualitative

and quantitative data collection strategies, such as observations, key informant interviews, survey methods (like pre and post-tests) as well as some direct measurements like testing for anemia at the baseline and end-line (Levinson et al. 1999). A detailed monitoring and evaluation plan for the project activities is being developed with the project staff. An example of which is presented below:

**Informal group meetings with girls:** One activity which resulted from conducting the needs assessment is a demand from the girls to have informal group meetings to get to know each other better. This involves the project coordinator and field workers conducting group meetings which comprise of team building games and creates a space for the girls to practice some of their hobbies, i.e. dancing, singing, and acting. The meetings will also serve as an important forum to collect data on what the girls feel should be included in the content area of the project, and will assist in determining effective delivery methods to keep them engaged.

Data collection tool: A simple format to capture 1) date of the meeting, 2) proportion of registered girls attending, 3) activities conducted, and 4) critical issues identified by the girls to be included in the content of the project. A field worker will be assigned for every meeting to ensure this format is filled in at every meeting.

The data entry operators will enter the data into a database and the project coordinator will review the data while designing and fine tuning the training workshops.

Evaluation plan: The project staff will identify key girls and network members (champions) who will assist in reviewing the information in the meetings held once every two months, and ensure that it is representative of the groups' thoughts and ideas.

**Training workshops for adolescent girls:** After each session, - held twice a month - an assigned field worker along with an assigned girl will record the feedback for the session in a simple format which will monitor attendance and answer the following questions: which method and content did the girl comprehend well; what needs improvement or further clarification and what was one thing each participant learned. If there are participants who would prefer to write it out on their own, they will be given the option to do so. Those who prefer talking or who may be illiterate, will speak their feelings which will be recorded in this format. The project coordinator will collate and analyze the responses after each session. This will help her to modify sessions as the project progresses to enhance learning as a part of developmental evaluation. At the beginning of the second workshop (and each subsequent

workshop), the following questions will be asked to each girls and each one will be given the option to either respond in writing or via drawing. Each response will be recorded and discussed: whether and how were you able to implement learning from the last training? Mention specifically what you did? When? Why? How often did you do it? What was the result that you observed? What were some of the constraints you faced in practicing what you learned? Evaluation: The external evaluator and program coordinator will conduct post-tests at both the mid-term formative evaluation and end-of-pilot-project summative evaluation to review changes in KAP related to the issues that the girls received trainings on. The project coordinator will monitor the attendance for each session and find out reasons for attrition, and collaboratively come up with strategies to address attrition based on those findings.

**Monthly staff meetings to review project data:** The project staff will report on and review as a team the following data and the information.

- attendance at girls' meetings
- attendance at literacy meetings
- attrition of both (and reasons behind such attrition)
- a review of champion girls and network member feedback
- related to objective 1 (increased KAP on pre-determined issues): from trainings - pre-test/post-test on information presented
- presented quarterly, related to objective 3 (thinking about the future and plans to implement those plans) - answers from a simple questionnaire used on a quarterly basis to determine where the girls are in terms of their thinking about future goals and how to attain those goals.
- related to objective 4: number of girls lost to marriage/ number of girls "at risk"
- Related to objective 5: results of feedback at the end of each session.
- Report on successes, struggles, and specific lessons learned, and strategies taken from what did and didn't work in the project over the past month.

While this is an outline of a monitoring and evaluation plan for the project, the project staff at Calcutta Kids is aware of the fact that the project is being implemented in a complex environment and as Patton (2011) highlights there is a need to be adaptive in such situations. He also stresses the importance of timely and regular feedback loops - which the M&E plan addresses exhaustively - as well as asking the right questions to understand the reason or core



issues of any problems which may arise during implementation. This process leads to double loop learning and long-term project solutions.

### **Institutional capability to incorporate ASHAYEIN activities**

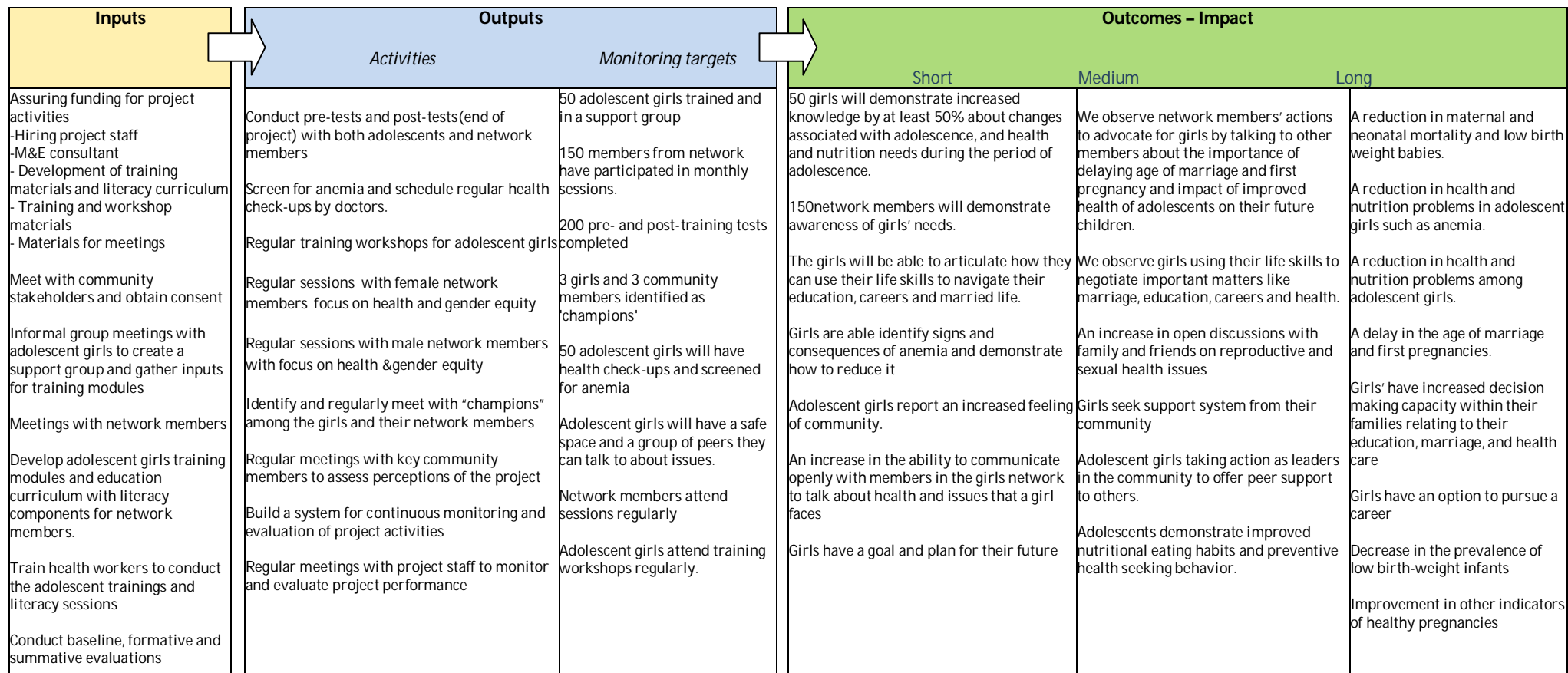
Calcutta Kids Trust has been working on Maternal and Child Health and Nutrition for the past ten years in the urban slums of Fakir Bagan in India. Calcutta Kids is committed to providing the crucial health and nutrition services during the first 1000 days of life to prevent irreversible damage to children's long-term health. This is achieved by empowering pregnant women and mothers to be the primary agents responsible for that outcome. Our goal is to provide services which positively impact children's growth and development which in turn will help them to break out of the cycle of poverty. The Maternal and Young Child Health Initiative works to increase access to healthcare for pregnant women, and provide a strong start to children in their first 1000 days of life—the crucial window of opportunity during which 80% of brain development occurs. The objectives of the program include i. Reduce maternal morbidity and mortality; ii. Reduce child morbidity and mortality; iii. Improve birth weights (Reduce Low Birth Weights); iv. Ensure that children aged 0-3 years grow normally: Between 2009 and 2013, Calcutta Kids has been able to reduce severe underweight malnutrition in the area by 73%.

The organization has a dedicated group of individuals working hard to achieve the objectives of the program. The existing program includes monthly home visits by the health workers, weekly immunizations for children, access to free health care services for the mothers and children and pregnant women, a rehydration and nutrition unit, monthly growth monitoring of children and pregnant women and monthly community meetings for the women. The team members have an excellent rapport with the beneficiaries and most of the field (health) workers are local women from in and around the community. Most of them have been with the organization for over five years. The team has been counseling and working with pregnant women and young mothers who are often young adults or newly married adolescents. Some members even have prior experience of working with adolescents on various projects.

## Annex 1: Project Work Plan

Pre-Project and Project Activities	By when?	Who is responsible?	Output or deliverable?
<b>Pre-Project Activities</b>			
Conduct informal meetings with girls prior to build a support group and gather inputs on issues they want to talk about.	February 2016	Project Coordinator (PC)	Document listing participants and issues suggested
Identify and select members from the girls' social networks (identified through needs analysis) who will participate in the project	April 2016	PC	Document listing the identified members and scheduling meetings
Obtain informed consent from all participating girls and their parents or guardians and reinforce the importance of respecting confidentiality of members	April 2016	PC & Health Workers (HW)	Signed consent forms and list of all participating members
Create an implementation schedule for training plan with the girls and with selected members in the network	April 2016	PC & HW	Document with schedule
Develop and conduct a pre-test to assess KAP on identified issues for adolescent girls & network members. Additionally conduct literacy assessment for network members	May 2016	PM	Pre test and results from pre test
Conduct baseline and develop a continuous monitoring and evaluation plan with periodic reports and process to adapt the project as required.	June 2016	PM & PC	System for data collection and analysis, document with M&E and feedback plan
Develop girls' training modules and literacy sessions for network members	July 2016	PM	Developed training module
Develop a plan for periodic health checkups of the girls by the Calcutta Kids' doctors	July 2016	PC	Document with a plan for check ups
Identify and train health workers to deliver the training modules	July 2016	PM	List of selected HW's, Training plan
<b>Project Activities</b>			
Roll out training modules for adolescent girls & literacy sessions for network members	Sep 2016	PC & HW	Training workshops and literacy schedules
Identify and regularly meet with champion network members and adolescent girls	Jan 2017	PC & HW	List of members and their roles
Regularly document and monitor project data for the various activities	Ongoing	PM & PC	Reports of project performance data
Conduct half-yearly meetings with key community leaders to assess project	Feb 2017	PC	Document recording meeting minutes
Conduct a mid-term formative evaluation to assess progress of the project	April 2018	M&E Consultant	Document with assessment plan and outcome
Conduct a post-test for adolescent girls and network members	Jan 2019	PM	Results from post test
Develop relationships with organizations and local government working with adolescent girls	Feb 2019	PM & PC	List of organizations and identified stakeholders with potential meetings
Conduct a summative evaluation	March 2019	M&E Consultant	Evaluation report and steps forward
Develop a plan for continuing the project based on feedback from stakeholders	March 2019	PM & PC	Document with project extension plan
Develop a project report & presentation outlining progress & challenges to be shared with the health and youth department and organizations working with adolescent girls.	<b>April 2019</b>	<b>PM &amp; PC</b>	Report and presentation on project impact

## Annex 2: Logic Model for ASHAYEIN



### Assumptions

Knowledge on health, nutrition and building life skills will impact age of marriage and health  
 Their social networks will be their advocates and fight against social evils such as early marriage and early pregnancy, gender biased practices etc

### External Factors

Unanticipated opposition from community members who are uncomfortable talking about such issues  
 Breach of trust by confidential information being leaked to others by some girls.

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